

THE HUNDRED AND FIRST
ANNUAL REPORT UPON



**THE HEALTH OF
LEICESTER
DURING
1949**

E. K. MACDONALD
O.B.E., M.D., D.P.H.

CITY OF LEICESTER

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(As constituted 31st December, 1949)

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Co-opted Members

Dr. E. W. GOODWIN	Mr. W. T. TANSER
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Medical Officer of Health

E. K. MACDONALD, O.B.E., M.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

ALEXANDER HUTCHISON, M.D., D.P.H., F.R.F.P.S., D.P.A.

Officers in Charge of Departments

<i>Medical Officer for Maternity and Child Welfare</i>	..	(Miss) E. B. B. HUMPHREYS, M.B., Ch.B.
<i>Tuberculosis Officer</i> .. ..	..	A. SCOTT, M.A., B.Sc., M.B., Ch.B.
<i>Public Analyst</i>	F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C.
<i>Chief Sanitary Inspector</i>	F. G. MCHUGH, F.R.San I.
<i>Chief Clerk</i>	F. KELLETT, F.C.C.S.

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SUMMARY OF STATISTICS

FOR THE YEAR 1949.

Population at Census, 1931	239,169
„ (estimated), 1949	283,400
Marriages	2,806
Births (corrected)	5,077
Birth-rate	17.9
Deaths (corrected for transferable deaths)	3,274
Death-rate (standardised death-rate = 11.8)	11.6
Deaths under One Year	121
Infant Mortality (per 1,000 Births)	23.8
Maternal Mortality (per 1,000 total births)	1.54
Zymotic-rate (per 1,000 population)	0.59
Respiratory Disease death-rate	1.35
Cancer death-rate	1.80
Tuberculosis death-rate	0.58
Phthisis death-rate	0.50

Area of City (in acres)	16,990
Number of Inhabited Tenements, January, 1950	82,474
Number of Empty Houses, January, 1950	146
Number of Empty Cottages, January, 1950	40
Rateable Value at 1st April, 1949	£2,110,332
General Rate for the year, 1949-1950	19/4 in £

	England and Wales	County Boroughs	London Adminis- trative County
Birth-rate	16.7	18.7	18.5
Death-rate	11.7	12.5	12.2
Infant Mortality (per 1,000 Births)	32	37	29

(Registrar-General's Figures)

*To the Chairman, Lord Mayor and Members of the
Health Committee*

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1949.

OBITUARY :

I much regret to record the death of Dr. A. Scott, Tuberculosis Officer. Though he had been in Leicester for only a short time, he had given devoted service to the City. A further reference will be found in the report on the Chest Clinic.

STATISTICS :

POPULATION. Once again I have to report that the City, with population estimated at 283,400, has reached a new high record.

BIRTH RATE. The post-war decrease is continued. The rate was 17.9, as compared with 19.1 in 1948.

INFANTILE MORTALITY. Last year, 1948, I reported with pleasure that the rate for that year, 38.3 infant deaths per 1,000 births, was a new low record. It is therefore with even greater pleasure that I record a most remarkable further improvement. In 1949, the infantile mortality rate reached the almost unbelievably small figure of 23.8. This is the lowest figure of any of the large towns and a matter for considerable satisfaction.

DEATH RATE. This rate, however, was somewhat higher than in 1948, 11.6 for 1949 as compared with 10.8. The detailed causes of death will be found discussed later.

GENERAL COMMENTS :

The year 1949 has not been a particularly spectacular year (except for the infantile mortality rate). There has been no severe epidemic, no undue incidence of disease, and no marked advance in any special direction, but rather a year of consolidation of the Service under its new conditions.

It is always a matter of sincere appreciation to be able to feel that the work of the Department has the interest and support of yourself, Mr. Chairman, and of your colleagues on the Health Committee. We are most grateful to you for the time and trouble you unstintedly give to the Service.

I wish also to thank every member of the staff for their continued loyalty and keenness in the work. I feel we have a happy and united department, and I am grateful.

I am,

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

E. K. MACDONALD, O.B.E., M.D., B.S., D.P.H.,

Medical Officer of Health.

Health Department,
Grey Friars,
Leicester,
3rd October, 1950.

ANNUAL REPORT 1949

SECTION A

Statistics and Social Conditions of the Area

STATISTICS

Population

The Registrar-General estimates the population of the City of Leicester at mid-1949 as 283,400—an increase of 3,100 on the figure for the previous year, and an all-high record.

This estimate suggests that, since 1945, when the comparable figure was 256,900, the population of the City has increased by over 10%.

Birth-Rate

The number of live births for 1949 was :

Males	..	..	..	..	2,666 (2,713)
Females	..	..	..	..	2,411 (2,640)
Total	..	..	..	..	5,077 (5,353)
Birth-rate	..	..	..	..	17.9 (19.1)

(Note : 1948 figures in brackets)

Reference to Table I indicates that the decline in the birth-rate evident in 1948 has continued in 1949. It is still, however, higher than in pre-war (1939) years.

Of the 5,077 total births, 284 (males 152, females 132) were illegitimate. The illegitimacy rate has continued to show a welcome decline :

1949 . . 5.5% 1948 . . 6.1% 1947 . . 6.4%

Stillbirths

There was a total of 128 stillbirths (69 males, 59 females). Of these, 12 or 10.6% were illegitimate, which is nearly double the percentage for total live births.

There was one stillbirth to 41 total births and one illegitimate stillbirth to 25 total illegitimate births. Illegitimacy is therefore a contributory factor to stillbirth.

Infant Mortality

It is interesting to remember that in my last Annual Report (Page 3) I remarked that while certain other towns had infant mortality rates in the twenties, Leicester, with its rate of 38.3 per 1,000 live births, had still room for improvement. It is therefore all the more gratifying for me to be able to report that this year (1949) Leicester has not only achieved the lowest rate in its history, viz. 23.8 per 1,000 live births, but occupies the proud position of holder of the lowest infant mortality rate of any of the twenty largest towns in this country.

I well remember, and it doesn't seem so long ago, when we wondered whether we could ever achieve the "wonderful" rate of 100, but this figure was long ago left behind, 50—an apparently unattainable ambition—in its turn was reached and passed, and now for the first time, a rate of 25 infant deaths per 1,000 live births has itself been bettered !

The truly amazing figure of 23.8 reflects the highest possible credit, first of all on the mothers of Leicester, and secondly on all those included in the official maternity and child welfare services of the City, but, in addition, on many others who have laboured so long to reduce the toll of infant life.

At this figure, we must be approaching the "irreducible minimum", as it is called, but while one infant life is lost through preventable causes, we must feel that there is still room for improvement.

The following table, which compares the main causes of infant deaths for the last three years, indicates some lines in which there may be room for further improvement.

The main causes of infant deaths were :

	1949			1948			1947		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Congenital Malformations	23	27	50	45	33	78	46	28	74
Prematurity ..	19	8	27	29	23	52	19	31	50
Pneumonia ..	9	7	16	16	8	24	17	18	35
Diarrhœa ..	5	1	6	15	3	18	46	34	80
Violence ..	3	5	8	7	5	12	7	4	11
Other causes ..	7	7	14	12	9	21	22	13	35
Totals ..	66	55	121	124	81	205	157	128	285

If we exclude deaths from congenital malformations or prematurity, which flow from ante-natal causes, we are left (in 1949) with a total of 44 deaths from causes more or less preventable during the first year of life of the infant.

Marriages

The number of marriages solemnised in Leicester was 2,806 (2,968).

Death-Rate

The total number (corrected) of deaths was 3,274 (3,027), namely, 1,595 (1,548) males and 1,679 (1,479) females.

The death-rate was therefore 11.6 (10.8). The death-rate for 1948 (10.8) was easily the lowest ever recorded for the City, so it is not surprising that the rate for 1949 shows some retrogression.

This figure of 11.6, though corrected for migration, in order to be of value in comparing Leicester with towns of differing composition, must be multiplied by the comparability factor—which in our case is 1.02. Thus the standard death-rate becomes 11.8, and it is this figure which can be used for comparison with the death-rate of other towns.

Reference to Table 3 will show you that only three of the twenty largest towns, viz., Bristol, Croydon and Portsmouth, had a lower rate than our City, and by reference to page vi the rate for all the county boroughs is shown as 12.5. Leicester's death-rate therefore compares favourably with that of practically every other town in the country.

My reference to the "comparability factor" may be obscure to some readers, and so a brief explanation may be helpful.

Males die more readily at all ages than females. Persons at the extremes of life die more readily than persons at the prime of life. These two facts taken together mean that in a town such as Leicester, with more females in the population than males and not an undue preponderance of very young or very old people, the death-rate will naturally be lower than for a town in which the reverse is the case, e.g., a mining town or a health resort.

Thus, the corrected death-rate of a place like Leicester has to be multiplied by a factor of over 1.0, whereas that for, say, Southport, would have to be multiplied by a factor of less than 1.0, if the rates of the two towns are to be comparable.

The standard death-rate obtained by this method is of great comparability value as to the relative healthiness of the locality.

The main causes of death were as follow (refer to Table 2 for details):

Heart and Vascular Disease (including cerebral haemorrhage).

Out of 3,274 deaths, 1,512 (or 46%) were assigned to this cause.

"A man is as old as his arteries," somebody said somewhere, and this is not untrue. Fortunately our hearts and arteries hold out usually pretty well and give us a reasonable span of life. This is shown by the fact that of the 1,512 deaths from this cause, 1,158 or nearly 80%, were in persons of 65 years of age and over. Only 27 (under 2%) were under 45 years of age.

Respiratory Disease (non-tuberculous)

There were 207 deaths from bronchitis and 128 from pneumonia—not an unusual incidence.

Tuberculosis

In 1948 I was pleased to report a low record figure—183 deaths. This is now reduced still further in 1949 to 165, quite the lowest number we have ever achieved. But this does *not* mean that the problem of tuberculosis is no longer with us. It is still very much of a problem, and reference to Dr. Lawrie's report in Appendix I will show that, though the number of deaths may be less, the incidence of the disease is greater. But this matter is dealt with in more detail in Appendix I.

Cancer

There were 509 (526) deaths.

Of these, 58 deaths were recorded from cancer of the breast and 37 from cancer of the womb.

I do not think I can do better than repeat the advice I gave in my last report—I wish it could reach every home in Leicester.

Both these two kinds of cancer are easy to diagnose in the early stages, and prompt treatment gives a very good chance of cure.

If any woman who can feel a lump in her breast, which when it is felt by the flat of the hand feels like a marble, would immediately go to her doctor and ask his advice—if every woman who gets irregular bleeding from the front passage would also seek advice at once—most of the deaths from cancer of these two types would be saved.

Pain is not the first symptom of cancer of the breast or womb. Proper advice for the “marble-like” lump or for irregular bleeding is of vital importance.

Nephritis (kidney diseases) 81 (92) deaths.

Suicide 31 (44) deaths.

Road Traffic Accidents 23 (16) deaths ; as usual, a preponderance of males, 17—6 ! Three were children between 5 and 15 years of age.

INFECTIOUS DISEASE—INCIDENCE AND MORTALITY

Measles. An epidemic year with 4,195 (2,482) cases and 1 (0) death.

Scarlet Fever. Notifications 547 (470); no deaths. Scarlet fever at the present time is a disease of no importance from the public health point of view.

Whooping Cough. Notifications 1,044 (970), with 5 (1) deaths.

This is a much more important disease—it is unfortunate that a really satisfactory immunisation material is as yet not available, though no doubt it will not be long before research is successful.

Cerebro-Spinal Fever. Notifications 11 (25) cases ; 1 (3) death.

Food Poisoning

The notification of this disease to the Medical Officer of Health has, in the past, been rather haphazard, as many general practitioners were apparently unaware that Food Poisoning is a notifiable disease under Section 17 of the Food and Drugs Act, 1938. Food Poisoning, however, is a most difficult disease to define, and therefore the Act does not impose a penalty for non-notification. During the year the fact that Food Poisoning is a notifiable disease was, however, brought to the notice of the general practitioners by a circular letter, and from that date notifications have increased.

Since July, 1949, there have been 19 outbreaks involving 49 persons. These cases have all been investigated and spread of the infection stopped. The cases all presented typical symptoms of Food Poisoning, i.e., abdominal pain, vomiting, diarrhoea and some prostration. In the majority of cases the cause was easy to define, namely the carelessness and ignorance of the danger of leaving cooked foods unprotected. It is hoped that by progressive education of the public these outbreaks will diminish. It should be stressed, however, that the number of cases which can be traced to restaurants, etc., are comparatively few, and that most cases occur in the home. Indeed, if all cases of Food Poisoning occurring at home were notified I feel sure that the need for greater education of the individual housewife in the dangers of Food Poisoning would become very apparent.

Diphtheria

Notifications 6 (32) ; deaths 0 (1).

The lessened incidence of and lower mortality from diphtheria is perhaps the major Public Health triumph of recent years. As short a time ago as 1938, there were 701 cases notified and 33 deaths in the one year ; a truly amazing difference from 1949. And this was not an unusual year, for in 1940, for instance, 840 notifications and 50 deaths were recorded.

Although the Diphtheria Immunisation Campaign was started in 1937, it did not really gain momentum for several years, and, in fact, not until 1941 were the numbers immunised sufficient to affect the incidence of this disease. Diphtheria is no longer a public health problem—a proud, but justifiable boast !

Diphtheria Immunisation

	Under 5	Over 5	Total
Number of children immunised in 1949.. .. .	3669 (3949)	414 (401)	4083 (4350)
Number of children given "boosting" dose in 1949	307 (687)	2636 (1485)	2943 (2172)
Number of cases of genuine diphtheria during 1949 in "immunised" children	2 (2)	— (9)	2 (11)
Number of deaths from genuine diphtheria during 1949 in "immunised" children	Nil	Nil	Nil

(Note : 1948 Figures in brackets)

Vaccination

Number of Persons Vaccinated (or Re-vaccinated) during 1949

Age at 31st December, 1949 ..	Under 1	1 to 4	5 to 14	15 or over	Total
Number Vaccinated	80	78	27	101	286
Number Re-vaccinated ..	—	4	18	123	145

Poliomyelitis

After a very mild epidemic of poliomyelitis in 1948, during which only 18 definite cases occurred in the City, it was hoped that the incidence of this disease would again be low in 1949. Unfortunately, this was not so, but the number of cases which occurred fell short of the record number which occurred in 1947.

During the year, there were 51 definite cases in the City with two deaths, representing a death-rate of 3.8%. Of the 51 cases, 30 were males and 21 females. Of the deaths, one was a male and one a female. The majority of cases occurred in the months of September, October and November. During these months there were 11, 15 and 13 cases respectively. The disease was not of a very severe type, and many of the cases which developed paresis recovered completely. A table is appended showing the types of paralysis that occurred. As is the case with so many other diseases, the case is not "closed" when the patient leaves hospital.

The closest co-operation is maintained between the local health authority, the Isolation Hospital and the orthopaedic surgeons, upon whose shoulders falls the task of providing exercises, calipers, etc., for the patients who suffer from paresis. Every case which is discharged from hospital is notified immediately to the Health Department, and the health visitor calls to enquire whether there is any way in which the Health Department can assist the patient to get back to normal life. The results of this scheme are excellent, and are much appreciated by the sufferers from this disease.

Table II shows the number of cases which occurred from month to month during the years 1947, 1948 and 1949. Table III shows the incidence of the disease grouped according to age.

TABLE I

Poliomyelitis

Table showing Incidence and Type of Paralysis

Bulbar	Arms				Legs				Arms and Legs		No Paralysis		Others	
	M.	F.	One	Both	M.	F.	One	Both	M.	F.	M.	F.	M.	F.
	2	3	2	0 0 0	8	1 4 2			5	4	6	6	3	5

TABLE II

Poliomyelitis

	1947	1948	1949
Number of definite cases	86	18	51
January	—	—	—
February	—	—	—
March	—	2	1
April	—	2	—
May	—	3	2
June	—	3	1
July	6	1	3
August	36	1	3
September	33	1	11
October	7	2	15
November	1	—	13
December	3	3	2

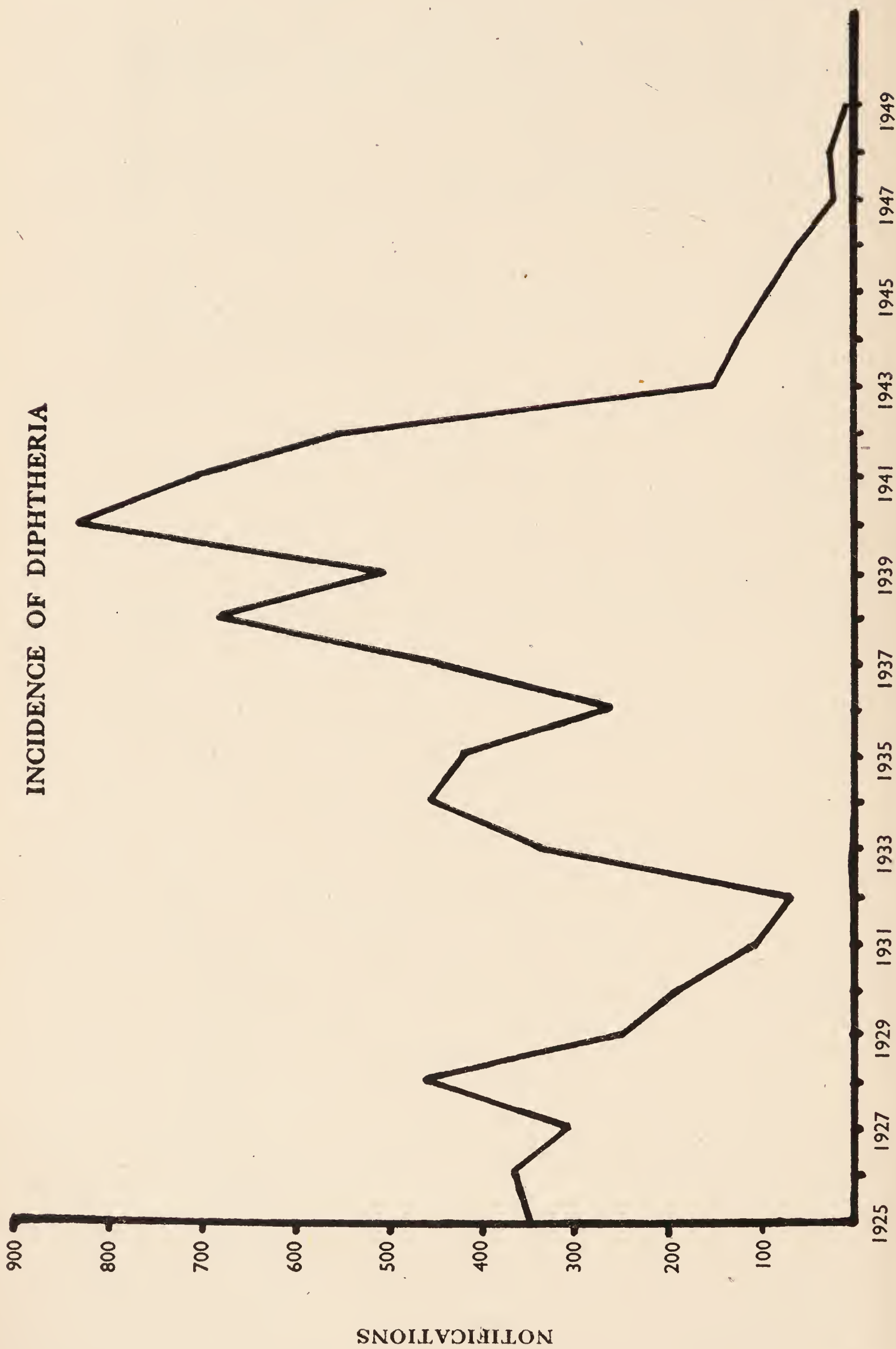
TABLE III

Poliomyelitis

Table showing incidence of the disease grouped according to age

1949	Age			
	0—5	5—15	15—25	25 and Over
January ..	—	—	—	—
February ..	—	—	—	—
March ..	—	—	1	—
April	—	—	—	—
May	—	—	2	—
June	—	1	—	—
July	2	—	—	1
August ..	1	2	—	—
September ..	4	5	1	1
October ..	9	4	2	—
November ..	3	4	2	4
December ..	1	1	—	—
Total ..	20	17	8	6

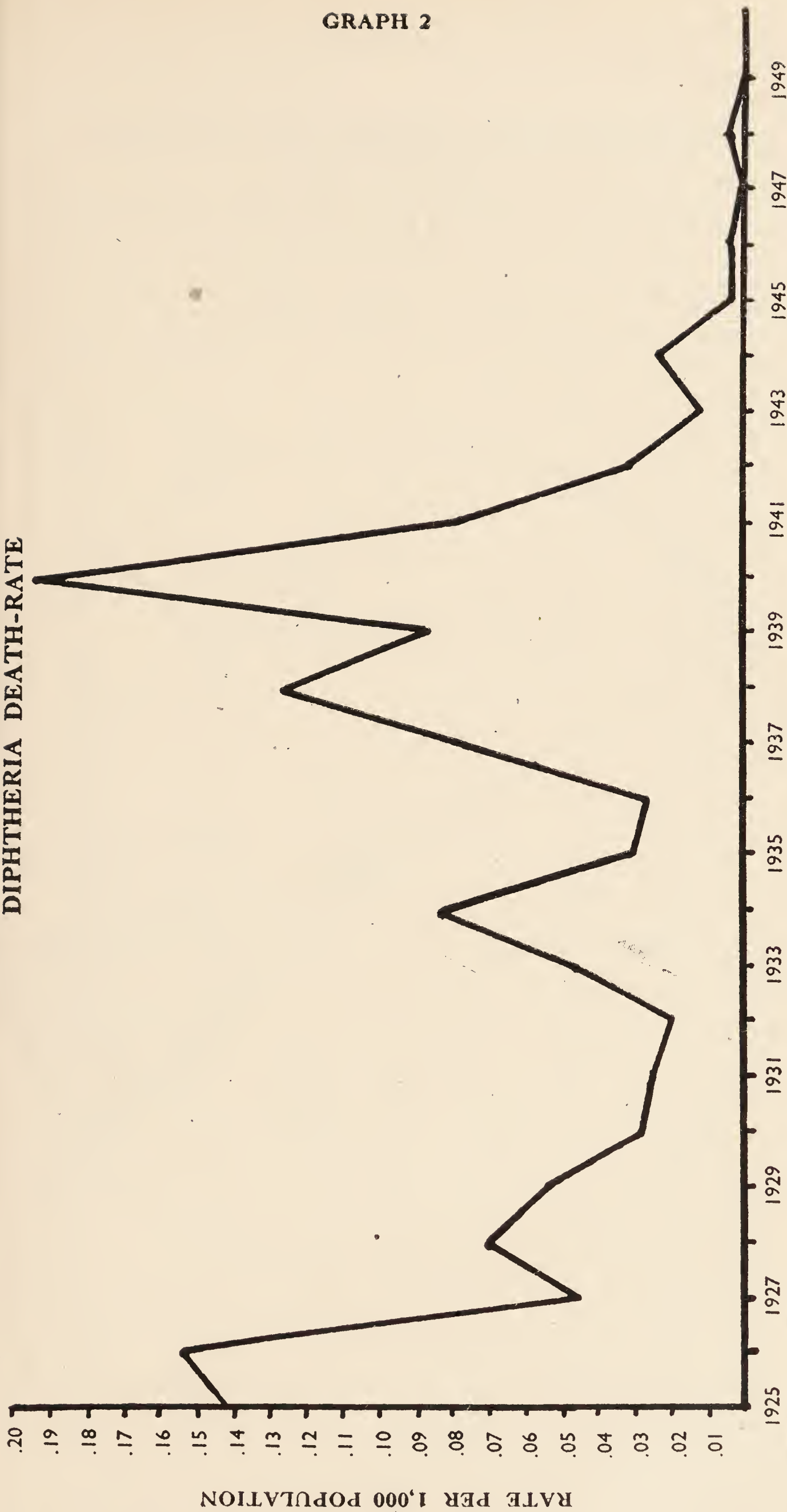
GRAPH 1



(Note—The diphtheria immunisation campaign was started in 1937, but a substantial number of children were not immunised until the years 1941 onwards, when the full effect of the campaign began to take place.)

DIPHTHERIA DEATH-RATE

GRAPH 2



PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1949

GRAPH 3

TOTAL DEATHS, 3,274

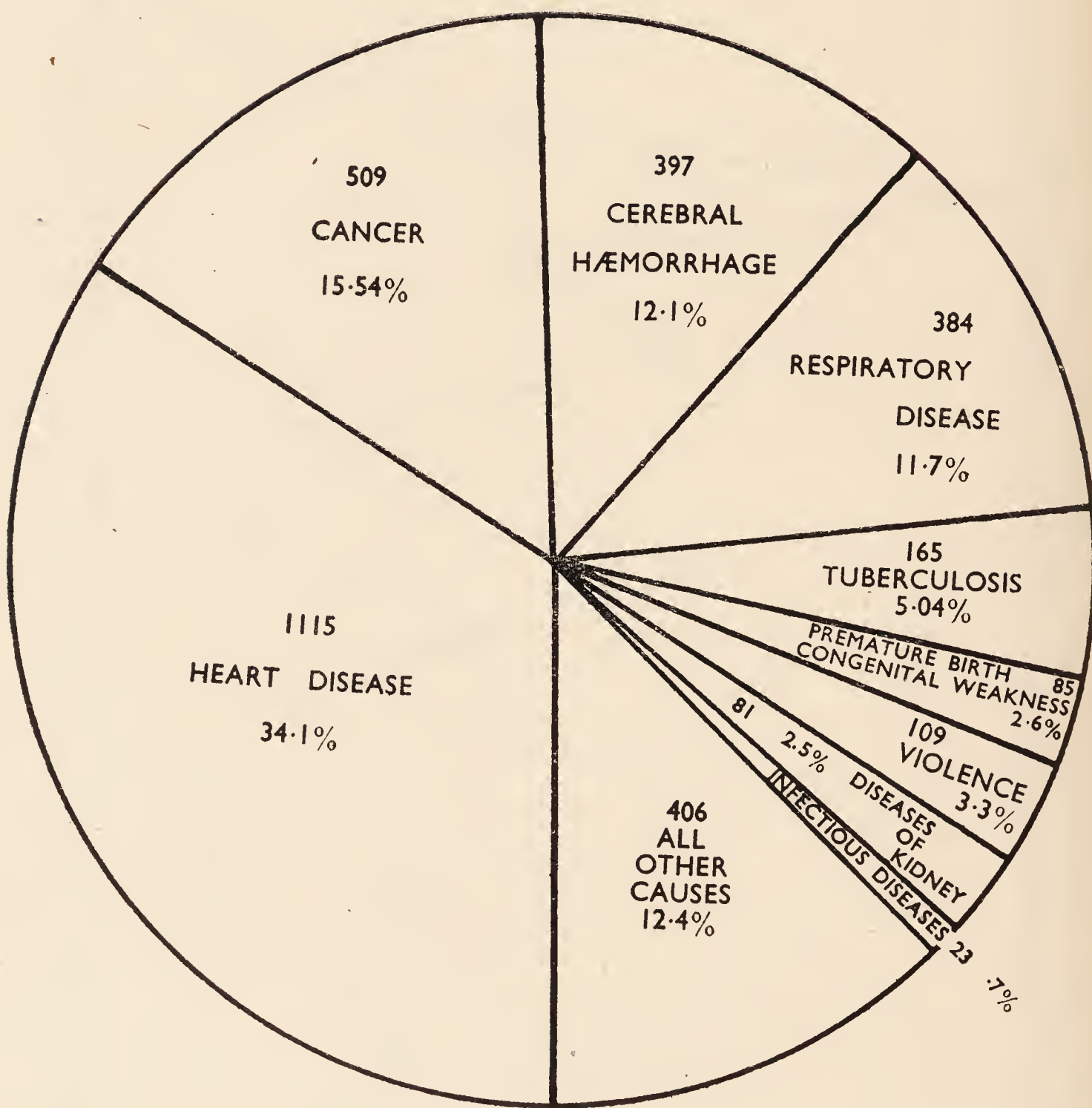


TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1910-1949

Year	Estimated Population	Birth-rate	Death-rate	Zymotic (Death-rate)	Infant Mortality
1910	226,154	23.7	13.4	.7	126.3
1911	227,634	22.9	13.4	1.4	130.0
1912	229,294	22.5	13.5	.9	109.0
1913	230,970	22.8	13.3	.7	119.3
1914	232,664	22.1	14.1	1.1	119.9
1915	232,664	20.8	14.9	.5	122.8
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.95
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8

TABLE 2—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
TOTAL DEATHS	M	1595	66	20	10	124	454	921
	F	1679	55	9	13	143	356	1103
1. Typhoid and Paratyphoid Fevers	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
2. Cerebro-Spinal Fever ..	M	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—
3. Scarlet Fever	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
4. Whooping Cough ..	M	3	2	1	—	—	—	—
	F	2	—	2	—	—	—	—
5. Diphtheria	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
6. Tuberculosis of Respira- tory System	M	74	—	—	—	34	33	7
	F	69	—	2	—	47	16	4
7. Other forms of Tubercu- losis	M	11	—	6	1	3	1	—
	F	11	—	—	3	8	—	—
8. Syphilitic Disease ..	M	10	—	—	—	2	4	4
	F	4	—	—	—	—	1	3
9. Influenza	M	7	—	—	—	—	1	6
	F	9	—	—	—	1	2	6
10. Measles	M	1	—	1	—	—	—	—
	F	—	—	—	—	—	—	—
11. Acute Poliomyelitis and Polioencephalitis	M	2	—	—	1	1	—	—
	F	1	—	—	—	1	—	—
12. Acute Inf. Encephalitis	M	1	—	—	—	—	1	—
	F	3	—	—	—	1	1	1
13. Cancer of Buccal Cavity and Oesophagus (M) ..	M	14	—	—	—	—	2	12
Uterus (F)	F	37	—	—	—	4	21	12
14. Cancer of Stomach and Duodenum	M	50	—	—	—	2	17	31
	F	34	—	—	—	—	8	26
15. Cancer of Breast ..	F	58	—	—	—	7	23	28
16. Cancer of all other Sites	M	189	—	1	—	16	75	97
	F	127	—	—	1	13	37	76
17. Diabetes	M	16	—	—	1	1	1	13
	F	22	—	—	—	2	3	17
18. Intra Cranial Vascular Lesions	M	157	—	—	—	2	45	110
	F	240	—	—	—	2	60	178

TABLE 2 continued—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Heart Disease ..	M	452	—	—	—	13	115	324
	F	503	—	—	1	9	73	420
20. Other Diseases of Circu- latory System ..	M	76	—	—	—	2	18	56
	F	84	—	—	—	2	21	61
21. Bronchitis	M	119	—	2	1	6	40	70
	F	88	5	1	—	2	13	67
22. Pneumonia	M	64	9	3	—	6	17	29
	F	64	7	2	—	7	15	33
23. Other Respiratory .. Diseases	M	32	1	—	—	3	16	12
	F	17	—	—	—	1	7	9
24. Ulcer of Stomach and Duodenum	M	21	—	—	—	4	9	8
	F	12	—	—	—	—	3	9
25. Diarrhoea, under 2 years	M	5	5	—	—	—	—	—
	F	1	1	—	—	—	—	—
26. Appendicitis	M	2	—	—	—	—	1	1
	F	2	—	1	—	—	—	1
27. Other Digestive Diseases	M	30	—	1	—	5	6	18
	F	34	—	—	—	3	13	18
28. Nephritis	M	37	—	—	—	6	6	25
	F	44	—	—	—	8	9	27
29. Puerperal and Post- Abortive Sepsis ..	F	3	—	—	—	3	—	—
30. Other Maternal Causes ..	F	5	—	—	—	5	—	—
31. Premature Births ..	M	19	19	—	—	—	—	—
	F	8	8	—	—	—	—	—
32. Congenital Malforma- tions, Birth Injuries, In- fant Disorders ..	M	27	23	—	—	2	1	1
	F	31	27	1	1	2	—	—
33. Suicide	M	18	—	—	—	3	10	5
	F	13	—	—	—	5	4	4
34. Road Traffic Accidents ..	M	17	—	—	3	5	6	3
	F	6	—	—	—	—	—	6
35. Other Violent Causes ..	M	24	3	4	—	4	7	6
	F	31	5	—	3	2	4	17
36. All Other Causes ..	M	117	4	1	3	4	22	83
	F	115	2	—	4	8	21	80

TABLE 3

Table showing Population, Birth-rates, Death-Mortality rates of the 20 large towns

	Birmingham	Bradford	Bristol	Cardiff	Coventry	Croydon	Kingston upon Hull	Leeds
Population—Civilian	1,106,800	291,600	439,740	243,300	254,400	249,740	296,400	504,900
Total	1,107,200	291,600	439,840	243,500	254,900	250,040	296,600	505,400
Comparability Factor ..	1.13	0.98	0.98	1.07	1.27	0.94	1.15	1.08
Rates per 1,000 population :								
Birth	18.1	17.3	17.07	19.56	18.6	16.1	20.95	16.7
Crude Death	10.7	14.5	11.11	11.44	9.4	10.95	12.1	12.8
Adjusted Death	12.1	14.2	10.88	12.24	11.9	10.29	13.97	13.8
Typhoid and Para-typhoid								
Fever	0.00	0.00	0.002	0.004	0.00	—	0.00	—
Cerebro-spinal Fever	0.01	0.01	0.002	0.004	0.012	—	0.00	0.002
Scarlet Fever	—	0.003	—	—	0.00	—	0.00	0.002
Whooping Cough	0.02	0.003	0.005	0.016	0.008	0.08	0.02	0.01
Diphtheria	0.00	0.006	—	—	0.008	0.004	—	—
Influenza	0.19	0.26	0.14	0.069	0.12	0.132	0.08	0.15
Measles	0.01	0.01	0.009	0.004	0.004	0.004	—	0.01
Acute polio-myelitis and								
-encephalitis	0.01	0.024	0.011	0.016	0.00	0.008	0.00	0.02
Acute infectious encephalitis ..	0.00	0.003	0.014	0.012	0.00	0.004	0.00	0.01
Smallpox	—	0.00	—	—	0.00	—	—	—
Diarrhœa (under 2 years) ..	0.06	0.058	0.011	0.069	0.082	0.028	0.11	0.03
Tuberculosis—								
Pulmonary	0.54	0.40	0.44	0.64	0.50	0.352	0.62	0.48
Other forms	0.05	0.07	0.05	0.04	0.10	0.024	0.05	0.06
Cancer	1.75	1.95	1.87	1.93	1.44	1.862	1.84	1.99
Infantile Mortality Rate (per								
1,000 live births):	31.0	37.0	26.0	31.0	39.4	29.0	42.0	30.0
Maternal Mortality Rate (per								
1,000 total births):								
Sepsis	0.05	0.19	0.26	0.61	0.00	0.24	—	0.12
Other Causes	0.44	1.15	0.78	1.22	0.8	0.98	1.26	0.93
Total	0.49	1.34	1.04	1.83	0.8	1.22	1.26	1.04

TABLE 3

Is, Zymotic Death-rates, Infant and Maternal
England and Wales for 1949

	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Plymouth	Portsmouth	Salford	Sheffield	Southampton	Stoke-on- Trent	Sunderland
2400	800,800	699,600	294,540	300,640	190,860	218,250	178,900	513,700	180,330	274,500	181,340
2400	802,000	700,700	295,240	301,240	206,960	240,550	178,900	513,800	180,930	274,500	181,340
02	1.20	1.12	1.10	1.09	0.99	0.97	1.15	1.08	1.03	1.22	1.14
91	20.7	18.77	18.27	18.96	19.75	19.06	20.3	15.7	18.79	18.7	19.9
55	11.6	12.91	12.76	11.8	13.14	12.05	13.0	12.5	11.65	11.5	13.1
78	13.9	14.46	14.04	12.86	13.01	11.69	14.95	13.5	11.99	15.13	14.9
—	0.004	—	0.00	—	—	—	—	—	—	0.00	—
004	0.019	0.01	0.01	0.01	0.01	0.01	0.001	0.006	—	0.015	0.04
—	—	—	0.00	—	—	—	—	0.002	—	0.00	—
018	0.071	0.04	0.01	0.0	0.03	0.00	0.006	0.008	0.03	0.007	0.04
—	0.005	—	0.00	—	0.00	0.00	0.001	—	—	0.004	0.01
056	0.127	0.15	0.075	0.09	0.05	0.04	0.020	0.199	0.1	0.236	0.15
004	0.015	0.01	0.00	0.01	0.00	0.02	—	0.004	0.01	0.004	—
011	0.005	0.01	0.00	0.009	0.01	0.00	0.001	0.029	0.03	0.007	—
014	—	0.01	0.03	—	0.01	0.00	0.001	0.019	—	0.007	0.03
—	—	—	0.00	—	0.00	—	—	—	—	0.00	—
021	0.119	0.09	0.105	0.12	0.07	0.04	0.020	0.056	0.07	0.047	0.15
50	0.677	0.60	0.764	0.625	0.62	0.45	0.6	0.440	0.43	0.566	0.68
078	0.762	0.05	0.068	0.043	0.03	0.04	0.12	0.074	0.04	0.043	0.10
80	1.726	2.00	1.929	1.73	1.98	2.16	1.9	1.993	1.91	1.932	1.77
83	44.0	38.24	39.61	38.0	34.23	24.04	53.0	35.0	37.66	34.0	57.0
58	0.237	0.45	0.365	0.17	—	0.23	—	—	0.59	0.378	—
96	0.295	0.74	1.095	0.34	1.54	0.71	—	0.60	0.88	1.136	1.61
54	0.532	1.19	1.460	0.51	1.54	0.94	—	0.60*	1.47	1.514	1.61

*Excluding Abortion

TABLE 4

MUNICIPAL WARDS. VITAL STATISTICS, 1949

		DEATHS					Infant Mortality per 1,000 live births	Births (corrected)
		0 to 1 year	1 to 5 years	5 to 65 years	Over 65 years	Total all ages		
1.	St. Margaret's ..	13	5	86	147	251	39.3	331
2.	Latimer ..	9	2	85	144	240	25.3	356
3.	Charnwood ..	5	—	56	133	194	16.4	304
4.	Spinney Hill ..	8	—	77	176	261	31.5	254
5.	Wycliffe ..	4	2	72	126	204	14.1	283
6.	Castle ..	11	—	72	128	211	44.2	249
7.	Westcote ..	6	1	90	178	274	20.1	298
8.	Newton ..	11	7	43	82	142	25.3	435
9.	Abbey ..	6	1	58	118	182	19.3	259
10.	Belgrave ..	6	—	75	139	220	16.9	354
11.	Humberstone ..	8	1	69	86	164	22.9	349
12.	Evington ..	3	—	47	85	135	16.0	188
13.	Knighton ..	6	2	71	170	249	25.6	234
14.	De Montfort ..	8	2	72	83	167	23.5	340
15.	Aylestone ..	6	2	64	131	203	20.8	289
16.	North Braunstone ..	12	3	66	95	176	29.6	405

(Local Figures)

TABLE 5

Showing the number of Deaths from certain Infectious Diseases in the Fifteen Years 1935-1949

Disease	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Measles ..	9	0	10	1	1	10	1	2	1	0	5	1	5	0	1
Scarlet Fever ..	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria ..	8	7	20	33	23	50	20	8	3	6	1	1	0	1	0
Whooping Cough ..	16	11	11	9	12	2	12	1	7	4	2	3	2	1	5
Diarrhoea } Under two															
Enteritis } years of age															
Influenza ..	23	20	21	17	25	11	28	45	25	25	43	76	83	19	6
Puerperal Fever ..	26	33	117	20	37	86	32	26	92	16	20	26	9	4	16
Cerebro-Spinal Fever ..	8	9	5	5	0	2	1	4	4	3	1	1	0	0	3
Poliomyelitis ..	4	1	3	4	3	10	10	9	4	1	2	4	2	3	1
Encephalitis Lethargica ..	1	0	0	0	0	0	1	1	0	0	0	0	1	0	3
Pneumonia ..	3	2	4	4	2	4	2	3	0	1	2	1	6	4	4
	135	192	171	154	138	207	168	109	133	112	147	148	146	93	128

TABLE 6. DEATHS FROM CANCER, 1949
(TOTAL 514)

Tabulated as to Age, Sex and Organ Affected,
in accordance with local classification

Organ Affected	Under 35 years		35-65 years		Over 65 years		All Ages	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	—	—	—	—	—	—	—	—
Tongue	—	—	—	—	4	—	4	—
Jaw	—	—	—	—	—	—	—	—
Mouth	—	—	—	—	2	1	2	1
Larynx	—	—	1	1	2	—	3	1
Oesophagus	—	—	1	—	5	5	6	5
Stomach	—	—	19	9	30	25	49	34
Intestines	—	—	—	—	—	—	—	—
Colon	—	—	7	10	17	21	24	31
Rectum	—	—	10	8	22	11	32	19
Liver	—	—	7	2	3	2	10	4
Pancreas	—	—	2	2	9	4	11	6
Spleen	—	—	—	—	—	—	—	—
Lungs	—	—	20	3	13	4	33	7
Kidney	—	—	1	—	2	2	3	2
Bladder	—	—	5	1	5	2	10	3
Prostate	—	—	1	—	18	—	19	—
Testicle	1	—	—	—	—	—	1	—
Ovary	—	—	—	6	—	4	—	10
Uterus	—	1	—	25	—	12	—	38
Breast	—	1	—	29	—	32	—	62
Bones	—	1	—	3	—	—	—	4
Other Forms or not specified ..	3	2	35	9	12	19	50	30
Total ..	4	5	109	108	144	144	257	257

TABLE 7
CANCER STATISTICS, 1920-49
(Calculated locally)

Year			Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death- rate per 100,000 Population
1920	..	..	257	8.9	104
1921	..	..	307	10.6	129
1922	..	..	276	9.0	116
1923	..	..	274	9.8	114
1924	..	..	281	9.5	116
1925	..	..	318	10.1	131
1926	..	..	395	13.2	163
1927	..	..	324	10.6	132
1928	..	..	349	12.7	142
1929	..	..	357	10.4	145
1930	..	..	372	13.5	151
1931	..	..	357	11.9	148
1932	..	..	356	11.8	148
1933	..	..	367	11.9	152
1934	..	..	377	13.3	156
1935	..	..	384	12.9	150
1936	..	..	392	12.9	150
1937	..	..	366	11.2	139
1938	..	..	417	14.1	158
1939	..	..	423	14.0	161
1940	..	..	447	11.9	172
1941	..	..	471	14.5	177
1942	..	..	465	15.9	179
1943	..	..	487	15.0	191
1944	..	..	519	16.9	202
1945	..	..	496	15.9	193
1946	..	..	504	15.3	187
1947	..	..	492	14.7	178
1948	..	..	526	17.4	188
1949	..	..	509	15.5	180

SECTION B

General Provision of Health Services in the Area

NATIONAL HEALTH SERVICE ACT, 1946

In my last Annual Report, I included a full account of the effect of the National Health Service Act, 1946, on the health services of the City. It will be remembered that the Act came into operation on the 5th July, 1948. The year 1949 was therefore the first full year under the new order of things and there is little change to report. It was a year of consolidation, of getting used to new responsibilities, and of improving the liaison between the three main branches of the service. It is too early yet to comment critically on the working of the Act.

I think, however, it is proper to state that, locally, as far as human goodwill and co-operation could arrange, the new service came into operation harmoniously and entirely in the interests of the patient.

Other Matters

It is a little difficult to decide how best to present the Annual Report under the new set-up, and I hope that the method which has been adopted will prove acceptable.

The Health Department is now divided into a series of sub-departments, and each of these has been allotted an Appendix for its report. But, in addition, there are other health services, e.g., the Water Department, that are not directly controlled by the Health Committee, but on the work of which it is proper to report. These matters are therefore dealt with in this Section, together with my comments on any other health matters to which I feel it desirable to refer and which cannot be reasonably dealt with in any Appendix.

Water Supplies

A pure and sufficient water supply has been said to be the first desideration of a Public Health Service. Our cities are perhaps more dependent on its provision than on anything else.

It is therefore most satisfactory that I can include the following notes from Mr. T. S. Griffin, M.I.C.E., Water Engineer, to whose courtesy I am indebted for the necessary permission to publish :

“(1) The water supply in the statutory area of the Leicester City Corporation has been satisfactory during the year 1949, both as regards (a) quality and (b) quantity.

“(2) The following are the number of samples from local reservoirs, submitted for bacteriological examination and chemical analysis to the City Analyst during 1949.

Cropston Reservoir :

<i>Bacteriological</i>	..	10 samples of raw water
		16 samples of filtered water
		17 samples of chloraminated water

<i>Chemical</i>	..	3 samples of raw water
-----------------	----	------------------------

Swithland Reservoir :

<i>Bacteriological</i>	..	22 samples of raw water
		23 samples of filtered water
		17 samples of chloraminated water

<i>Chemical</i>	..	3 samples of raw water
		2 samples of filtered water
		1 sample of chloraminated water

Thornton Reservoir :

<i>Bacteriological</i>	..	11 samples of raw water
		25 samples of filtered water
		23 samples of chlorinated or chloraminated water

<i>Chemical</i>	..	27 samples of raw water
		14 samples of filtered water
		6 samples of chlorinated or chloraminated water

In addition to the above analyses of local waters, the following analyses of Derwent water have also been made by the City Analyst :

Derwent Water :

<i>Bacteriological</i> ..	5 samples of filtered and chlorinated
<i>Chemical</i> ..	6 samples of filtered and chlorinated

All the chlorinated and chloraminated samples were passed as satisfactory and the filtered samples were approved subject to sterilisation.

Apart from the above, regular samples of water for both chemical and bacteriological examinations have been taken at random from various points within the area, both by officers of the Health Department and the Water Department. All samples have been passed as satisfactory for drinking purposes.

The raw water from the Derwent Valley, being a soft moorland water, is liable to be plumbo-solvent, and corrective treatment by the continuous addition of lime is carried out by the Derwent Valley Water Board in fulfilment of its obligation under Section 58 of the Derwent Valley Water Act of 1899.

Any suspected form of contamination has been investigated by the City Analyst and the necessary action taken by the Water Engineer.

The number of houses in the Authorized Area of the Leicester Corporation with a piped water supply is approximately 117,448.

Of this number, approximately :

- (a) 115,448 are supplied direct to the house.
- (b) 2,000 are supplied by taps in yards, etc.

The population supplied at the present time is estimated to be 408,000, and apportioning this figure between the number of houses supplied direct and from taps in yards, it may be estimated that approximately 401,000 persons receive a supply direct to the house and 7,000 people receive a supply from taps in yards.

No standpipes are allowed in the Water Area of the Corporation."

Atmospheric Pollution

What is the main difference between the atmosphere of a city and that of the surrounding countryside ?

Although, of course, differences in latitude, of distance from the coast, of height above sea level, all play their part in determining the climate of a locality, these factors are unchangeable and cannot be affected by the

will of man. On the other hand, the state of purity of the atmosphere is largely a matter which can be influenced at will.

Leicester is always referred to as a clean city—in fact, that is one thing that newcomers to the City always say, but these things are relative, and though perhaps we may be cleaner than some of our neighbours, the fact remains that there is still enormous room for improvement before we can claim a really clean atmosphere.

It is difficult to prove that the substantial loss of ultra violet light, from which any big town suffers, due to its smoke screen, is directly deleterious to health, but commonsense dictates that this must be so.

It may therefore be interesting to record as a “horrid example” an event which took place in Leicester in February, 1949. The following note was written at the time :

“On the morning of Friday, the 4th February, 1949, after a cold night when the thermometer fell well below freezing, business people and shoppers coming into the centre of Leicester found, instead of what might have been expected, a white frosty city, that there had been a heavy fall of soot all over the northern and central districts.

“This fall of soot was so remarkable that soon the telephones were ringing in enquiry to the Fire Brigade as to the source of the fire and, to various Corporation Departments as to the cause of the ‘nuisance’.

“There had been no fire, no particular chimney could be blamed, and we could only suppose that by some freak of atmospheric condition, the usual sooty discharge from factory and domestic chimneys, instead of being carried away to pollute a wider area, had descended in blackening clouds on the centre of the city.”

The lesson to be learnt is obvious. There are at least three adverse effects from the unnecessary discharge of smoke into the atmosphere :

- (1) The direct loss of an enormous amount of valuable health-giving sunlight,
- (2) the added labour and expense caused by dirtier clothes, curtains, etc., with the coincident extra cost of washing, and
- (3) the loss, in the form of smoke, of countless tons of valuable fuel, which proceeds up the chimney unburnt.

I am sure that the improvement of our methods of heating our houses, etc., is one of the more important public health problems of today.

Mass Radiography

A report on the work of this Unit will be found in Appendix I.

Housing

The following houses were built in Leicester in 1949, 1948 and 1947 :

		1949	1948	1947
By Housing Committee	..	559	553	940
By Private Enterprise	..	190	207	318
		—	—	—
Totals	.. ..	749	760	1,258
		—	—	—

It is a little difficult to know quite what to write about these figures. The housing situation is perhaps the most serious that faces the public health of the nation. We in Leicester require perhaps 20,000 houses and we built 749.

Cremation

I am indebted to Mr. E. H. Marsh, Superintendent-Registrar, for the following information on the progress of cremation in the city :

Year			No. of Cremations
1949	..	..	805
1948	..	..	561
1947	..	..	578
1946	..	..	471
1945	..	..	378

SECTION C

Miscellaneous Health Services

In this Section, I propose to include reports on certain sections of the work of the Health Department which do not easily fit into any Appendix.

These are the reports on :

- (a) The City Ambulance Service
- (b) The Mental Health Service
- (c) The Home Nursing Service
- (d) Care and After-care, including Health Education.

CITY AMBULANCE SERVICE

Dr. A. Hutchison has prepared the following report :

The calls made upon the City Ambulance Service have greatly increased during the present year, as will be seen by the tables which are appended.

To meet the increasing demands upon the Service, the Committee decided to go ahead with the policy of reconditioning the existing fleet and of increasing the strength of the fleet as a whole. In this connection it was decided to use only Commer chassis for ambulance work and Ford Pilot cars for sitting cases. The local agents for these two types of vehicle have co-operated exceedingly well with the Health Department in obtaining the necessary vehicles for the Service. The number of sitting cases dealt with tends to increase, but it is felt that in the meantime the number of vehicles which the Committee have sanctioned will be sufficient, though this problem will require to be reviewed from time to time.

During the year, as the strength of the fleet increased, it became obvious that consideration would require to be given to the Agreement which the Corporation had made with the Leicester and County Convalescent Homes Society for the use of their ambulances, and at the end of the year it was finally decided that the contract between the Society and the Corporation should be terminated. It was, however, arranged that the County Ambulance Service should purchase all the vehicles, equipment and the garage belonging to the Leicester and County Convalescent Homes Society immediately, but a proviso was made that, should the City Ambulance Service not be able to fulfil all their commitments, they would be able to call upon the County Ambulance Service for the additional help that would be required, this being in lieu of the one year's notice which was in the original Agreement.

It was felt that by the end of 1950, the City Ambulance Service would be able to cover all its commitments, except for some calls which might have to be made upon the ambulances operated by the St. John Ambulance Committee, and for this reason the contract between the Corporation and the St. John Ambulance Committee has been allowed to remain in force. I feel that I should express my sincere appreciation for all the help that the Leicester and County Convalescent Homes Society gave to the City Ambulance Service during the first year-and-a-half of the new National Health Service Scheme. I am also most

grateful for the assistance given to the Service by the St. John Ambulances.

To man the increasing number of vehicles, additional staff were recruited and additional plant to service the vehicles was obtained. The staff was increased to a total personnel of 61, and the fleet strength to 14 ambulances, seven cars, one van and one bus, which is used for the transport of mentally defective children from their homes to the Occupation Centre.

The need for a suitable ambulance station has become more and more pressing, and urgent representations were made to the Ministry of Health, but, unfortunately, the national economy drive delayed the negotiations for the new ambulance station, which I referred to in my last year's report.

The Service was not called upon to deal with any major accidents, apart from one in the early part of the year, in which valuable service was rendered, where a Midland Red bus was involved in an accident with another Corporation vehicle.

During the year, two specially constructed ambulances were built to carry a premature baby cot. This cot was designed specially to carry premature infants, and while these infants were in transit, to supply heat and moistened oxygen. It has proved to be a success, and details of this specification have been sent to many other local authorities.

A summary of the work carried out by the Ambulance Service is given below, and fuller details are shown in the tables following.

Ambulance Service

	Calls		Mileage	
	1949	1948	1949	1948
City Ambulance Service ..	55,651	28,161	287,941	147,765
Leicester and County Con- valescent Homes Society	11,603	8,322*	84,310	44,888*
St. John Ambulance Brigade	609	178*	11,599	4,217*
Totals	67,863	36,661	383,850	196,870

*Six months only

CITY AMBULANCE SERVICE

Work Carried Out during 1949. Calls, 55,651 ; Mileage, 287,941

	Out-Patients	Illness	Pre-Convalescent Cases	Mental Cases	Road Accidents	Maternity Cases	Corpse	Other Accidents	Infectious Cases	Gas and Air Apparatus Delivered and Returned	Children taken to and from Occupation Centre	Transport Journeys	Services not Required	Non-City Cases	Total Calls	Mileage
January	2,548	366	205	44	59	161	15	72	4	169	—	145	63	20	3,871	18,169
February	2,364	407	308	16	24	256	8	76	3	259	—	248	87	23	4,079	18,936
March	2,591	458	279	15	29	168	17	74	1	290	—	158	82	32	4,194	21,553
April ..	1,900	401	111	9	30	119	23	79	3	106	—	223	63	47	3,114	19,284
May ..	2,812	314	112	10	25	154	10	82	13	246	738	217	74	30	4,837	23,846
June ..	2,765	382	81	15	27	155	11	134	17	265	836	145	53	34	4,920	21,371
July ..	2,791	381	61	16	35	137	8	135	24	278	962	155	46	5	5,034	24,353
August	2,535	405	65	13	35	145	12	134	30	270	—	119	92	9	3,864	28,152
September	2,761	374	477	13	11	144	6	171	30	317	646	109	93	6	5,158	26,106
October	2,789	359	571	29	14	160	11	165	44	316	882	133	81	16	5,570	28,236
November	2,597	451	697	36	26	156	10	90	28	214	1,030	161	79	9	5,584	28,494
December	2,779	474	603	20	32	147	10	130	22	279	678	128	97	27	5,426	29,441
Totals ..	31,232	4,772	3,570	236	347	1,902	141	1,342	219	3,009	5,772	1,941	910	258	55,651	287,941

AMBULANCE WORK CARRIED OUT FOR THE CITY DURING 1949 BY THE LEICESTER AND
COUNTY CONVALESCENT HOMES SOCIETY

Calls 11,603. Mileage, 84,310

	Out-Patients	Illness	Pre-Con- valescent Cases	Mental Cases	Road Accidents	Maternity Cases	Corpse	Other Accidents	Transport Journeys	Services not re- quired	Total Calls	Mileage
January ..	343	468	261	1	17	6	2	3	—	—	1,101	7,594
February ..	379	473	238	—	2	4	2	10	—	—	1,108	8,091
March ..	441	562	261	—	3	4	—	8	—	—	1,279	8,599
April ..	293	436	217	—	1	3	—	6	10	10	976	6,976
May ..	328	438	238	—	3	3	1	6	—	7	1,024	7,624
June ..	273	394	228	3	—	5	—	11	—	—	914	6,584
July ..	331	545	224	2	1	9	—	9	—	—	1,121	8,068
August ..	90	246	255	—	—	2	—	2	—	10	605	4,309
September	185	309	280	—	—	10	—	9	23	8	824	6,427
October ..	194	360	272	—	—	10	—	1	13	2	852	6,096
November	239	328	267	—	1	2	—	1	10	5	853	6,543
December	279	411	232	—	1	3	—	3	14	3	946	7,399
Totals ..	3,375	4,970	2,973	6	29	61	5	69	70	45	11,603	84,310

AMBULANCE WORK CARRIED OUT FOR THE CITY DURING 1949 BY
THE ST. JOHN AMBULANCE BRIGADE

Calls 609. Mileage 11,599

	Out-Patients	Illness	Pre-Con- valescent Cases	Mental Cases	Road Accidents	Maternity Cases	Corpse	Other Accidents	Transport Journeys	Services not re- quired	Total Calls	Mileage
January ..	8	14	-	1	1	-	-	2	-	3	29	1,174
February ..	11	16	1	-	-	1	-	3	-	-	32	1,946
March ..	8	14	-	-	-	1	-	1	-	1	25	1,145
April ..	3	12	-	-	1	-	-	2	-	1	19	1,243
May ..	21	26	-	1	-	-	-	-	-	1	49	1,654
June ..	38	12	8	-	-	-	-	2	-	-	60	728
July ..	18	16	-	1	-	-	-	-	-	-	35	469
August ..	-	3	4	1	-	-	-	1	-	-	9	243
September	26	22	-	-	1	1	-	-	-	-	50	786
October ..	60	23	36	-	-	1	-	-	-	-	120	720
November	41	17	25	-	-	2	-	2	-	1	88	812
December	49	15	26	-	1	-	1	-	-	1	93	679
Totals ..	283	190	100	4	4	6	1	13	-	8	609	11,599

MENTAL HEALTH

Mr. S. A. Goodacre, Senior Mental Health Officer, has prepared the following report :

(1) Administration

(a) *Constitution and Meetings of Mental Health Sub-Committee*

The Mental Health Sub-Committee is constituted in accordance with Part II of the 4th Schedule of the National Health Service Act, 1946. The Committee consists of 12 members, 11 of whom are members of the Local Authority and the other member is the Medical Superintendent of the Towers Hospital. The Committee meets once per month.

(b) *Number and Qualifications of Staff employed in the Mental Health Service (Medical Officers, Social Workers, Duly Authorised Officers, Occupation Centre Supervisors, etc.)*

The Medical Officer of Health is directly responsible for the administration of this Service. In addition he has the part-time services of a Medical Officer experienced in mental deficiency work, whose main duties are the ascertainment of defectives, medical supervision of guardianship cases and the carrying out of periodic examination of defectives at the Occupation Centre.

Staff at Charles Street. There are four officers (three male and one female), who combine the work of Duly Authorised Officer, Petitioning Officer, and Mental Health Visitor. All four officers have had practical experience in lunacy, mental treatment and mental deficiency work, and all have attended a special course for Mental Health Workers. In addition, there is a senior and a junior shorthand-typist who assist in the general administration and clerical work of the department.

Staff at Occupation Centre. The staff at the Occupation Centre at the commencement of the year was : one Supervisor, one Assistant Supervisor and a part-time Cook. After the Summer term, this staff was supplemented by the addition of a part-time Handicraft Worker who, if suitable, was intended to become a Home Teacher. In mid-November, a further unqualified Assistant Supervisor was appointed for a probationary period ; the staff at the end of the year being : one Supervisor with many years' practical experience of her duties, one qualified Assistant Supervisor, one unqualified Assistant Supervisor, and one part-time Handicraft Worker under training as a Home Teacher.

- (c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees. (Joint use of officers ; supervision of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives, etc.)*

Officers of the Mental Health Services continue to maintain close liaison with the officers of the local Hospital Management Committees, thus ensuring the co-operation which is essential in providing for the implementation of the provisions of Section 28 of the National Health Service Act.

The supervision of patients on trial or licence from hospitals or institutions for mental defectives is now, in the main, carried out by officers of the Hospital Management Committee.

- (d) *Duties delegated to Voluntary Associations*

At the beginning of the year, the after-care of ex-service personnel discharged from hospitals was carried out by officers of the National Association for Mental Health. This arrangement terminated on the 1st April, 1949, and the responsibility for such after-care was taken over by the Mental Health Services Department.

- (e) *Whether arrangements have been initiated for the training of Mental Health Workers*

Two Duly Authorised Officers attended a course for Mental Health Workers during 1949. All four officers have now been to Sheffield University for this special course which was designed to give a broad outlook on mental health work, and to bring them up to date with the latest advances in their particular field.

One Assistant Supervisor from the Occupation Centre was released after the Summer Term, to enable her to take the training course provided by the National Association for Mental Health for Occupation Centre Workers.

2. Account of work undertaken in the Community

- (a) *Under Section 28, National Health Service Act, 1946. Prevention, Care, and After-care*

The whole of the domiciliary work of the Mental Health Services is initially carried out under this Section, and during the year the department was concerned with the welfare of 783 persons who were suffering, or alleged to be suffering, from mental illness or mental defectiveness, and the majority of these were dealt with as analysed in the Mental

Treatment and Mental Deficiency sections of this report (see below). There were, however, 59 cases at the end of the year which were purely preventive or after-care cases. Twenty-nine of these were ex-patients of Mental Deficiency Institutions, who need friendly observation and guidance until such time as they acquire confidence in themselves, and become stabilised sufficiently to take their normal place in the life of the community. The other 30 cases are mostly ex-mental hospital patients who need similar helpful guidance in rehabilitation and subsequent stabilisation.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers

Four members of the staff designated Duly Authorised Officers dealt with the following cases :

One hundred and nineteen patients in accordance with Sections 14, 15 and 16 of the Lunacy Act, 1890.

Thirteen patients in accordance with Section 11 of the Lunacy Act, 1890.

Fifteen patients in accordance with Section 5 of the Mental Treatment Act, 1930.

Thirty-two persons were referred and alleged to be of unsound mind, but after investigation, and sometimes lengthy observation, no immediate mental hospital treatment was considered necessary.

More than 300 patients were admitted to the Towers Hospital on a voluntary basis during the year, and some of these admissions were the direct result of hard work and good advice by the Authorised Officers.

It should be borne in mind that owing to there being no satisfactory accommodation for Section 20 Lunacy Act, 1890, cases (three days' observation), it is a great responsibility that a suitable patient for such accommodation, perhaps with violent, dangerous or suicidal tendencies, should have to remain in the community until he or she deteriorates sufficiently to allow a medical practitioner to observe such symptoms which would enable him satisfactorily to complete the necessary certificate in accordance with Sections 11, 14, 15 and 16 of the Lunacy Act, or Section 5 of the Mental Treatment Act.

(c) Under Mental Deficiency Acts, 1913-1938

1. *Ascertainment, including number of defectives awaiting vacancies in institutions at the end of the year.*

Fifty-five new cases were notified during the 12 months. Forty-six of these were ascertained "subject to be dealt with" and the remainder were largely retarded persons who might deteriorate and be in need of treatment at some future date. The Committee have a statutory responsibility for the supervision and care of those "subject to be dealt with", whereas the nine other persons are chiefly those who were referred for supervision voluntarily by their parents.

In January there were 22 defectives on the waiting list of those urgently in need of institutional care. Thirty names were added, and there were 28 admissions during the 12 months, leaving a total of 24 names on the waiting list on December 31st. Seventeen of this total were under 16 years of age, and seven of these juniors were cot cases.

2. *Guardianship and Supervision*

At the commencement of the year, supervision was being carried out in respect of 522 persons. There were added the 55 new cases referred to earlier in this report, and 89 cases were removed from the supervision lists during the year. Twenty-eight of those were admitted to institutions and the others were removed from the lists of "live" supervision cases for numerous reasons. The majority of these either became stabilised and were not therefore in need of further supervision, or they removed from the city, when their case was transferred to the new area. There were a few deaths.

Four hundred and eighty-seven was the inclusive total of supervision cases on December 31st. Twenty-nine of this number are purely after-care cases and are therefore mentioned under the paragraph relating to Section 28 of the National Health Service Act, 1946. The remainder are analysed as under :

6 defectives were under Guardianship			
358	„	„	Statutory supervision
82	„	„	Voluntary supervision
12	„	„	Miscellaneous supervision

3. *Training*

Thirty pupils attend the Committee's Occupation Centre which is housed in premises rented from the Fosse Road Methodist Church. Alterations and improvements are in hand to enable this number to be increased in the near future.

The Centre is open during primary school days from 9 a.m. to 3-30 p.m. and generally provides for the day training of defective children excluded from school by reason of serious mental disability. A

successful response to this training is obtained because it is suited to the special needs of these children. The pupils attending are given a midday meal, and the transport to and from the Centre for the first few months was provided by a bus on loan from the Glenfrith Hospital. In May, however, the Committee acquired their own vehicle which is staffed by the City Ambulance personnel, and which now carries out this transportation. Weekly visits by a Health Visitor are made to the Centre. This Visitor examines all the children for medical and dental defects. If any are found, the child's parents are advised re treatment. In addition, each term one of the school dentists visits the Centre to examine the children. He either carries out treatment himself or refers the patient to his own dentist.

LEICESTER DISTRICT NURSING ASSOCIATION

Report on the Home Nursing Service for the year 1949

Miss C. Sadler, Senior Superintendent, submits the following report :

Staff. On December 31st, 1949, the staff consisted of 36 full-time nurses, including the administrative staff, and seven part-time nurses. Establishment, 45.

Training. Twelve State Registered Nurses entered for training for the Queen's Roll during the year and 13 sat and passed the examination.

Work. The total number of cases nursed during 1949 was 5,310 (4,684) and the total number of visits paid was 127,207 (113,973), an increase of 626 cases and 13,304 visits as compared with 1948.

ANALYSIS OF CASES NURSED

	1949	1948
(A) Pneumonia and other chest complaints (This total includes 92 cases of T.B.)	405	288
(B) Influenza	40	18
(C) Cancer, Medical and Surgical ..	303	264
(D) Insulin	122	127
(E) Complications of Puerperium ..	52	—
(F) Dressings, miscellaneous	1,282	1,334
(G) Chronic cases other than Cancer, Medical and Surgical	1,221	1,295
(H) All other cases	1,131	772
(I) Children under five, Medical and Surgical	754	586
Total	5,310	4,684

LEICESTER DISTRICT NURSING ASSOCIATION. NURSING REPORT

For Period 1st January to 31st December, 1949

Home	No. of Patients	No. of Visits	Principal Cases Nursed								
			A	B	C	D	E	F	G	H	I
Central ..	2,076 (1,844)	54,171 (52,572)	144 (67)	23 (13)	123 (78)	44 (58)	16 (10)	582 (535)	455 (286)	393 (576)	296 (221)
Humberstone	457 (441)	11,925 (8,820)	25 (48)	5 (—)	24 (17)	11 (10)	7 (1)	100 (98)	144 (219)	86 (—)	55 (48)
Belgrave ..	997 (832)	25,576 (20,734)	103 (47)	8 (—)	45 (35)	20 (16)	19 (4)	185 (154)	274 (493)	216 (—)	127 (83)
West End ..	1,228 (1,070)	24,113 (22,003)	94 (90)	1 (4)	80 (87)	29 (35)	6 (8)	284 (351)	224 (178)	300 (153)	210 (164)
Aylestone ..	552 (497)	11,422 (9,844)	39 (36)	3 (1)	31 (47)	18 (8)	4 (—)	131 (196)	124 (114)	136 (25)	66 (70)
Total ..	5,310 (4,684)	127,207 (113,973)	405 (288)	40 (18)	303 (264)	122 (127)	52 (23)	1,282 (1,334)	1,221 (1,290)	1,131 (754)	754 (586)

A—Pneumonia and other Chest Complaints D—Insulin G—Chronic cases other than Cancer
 B—Influenza E—Complications of Puerperium H—Others
 C—Cancer F—Dressings I —Children under five

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

Under Section 24 of the National Health Service Act, the duties of the health visitor are greatly expanded, so that she is now not only responsible for maternity and child welfare work, but is also responsible to the Medical Officer of Health for investigations into social conditions regarding tuberculosis, convalescent home cases, diabetics, expectant and nursing mothers, etc.

Consideration was given by the Health Committee as to whether, in addition to health visitors, they should appoint almoners to assist the health visitors in this work, but the committee decided, in the meantime, that all social investigations and health education in the homes should be given by the health visitor and that no almoners should be appointed to work in the Health Department.

The scheme has worked well, and as more health visitors become available it is felt that even better results will be obtained in the future. The health visitor carries out no treatment but is available to the general medical practitioner and to the Medical Officer of Health to investigate social conditions where such investigation is deemed necessary.

During the year, steps were taken to build up a Holiday Home Service. Details of accommodation, charges, etc., for many holiday homes throughout the country were obtained, so that when a holiday of a special type was requested by a medical practitioner, suitable arrangements could be made.

Briefly, the scheme is, patients are referred to the Medical Officer of Health by general practitioners, medical officers of the Maternity and Child Welfare Department and the School Health Service. Social investigation is made, and from this the person's ability to pay, in whole or part, for his stay at the home is assessed. Where the patient cannot pay the full charge an assessment is made, in accordance with a scheme drawn up by the Association of Municipal Corporations, which has been approved by the Health Committee.

In practice, it has been found for the majority of cases two holiday homes have been sufficient to meet our requirements. These are Roecliffe Manor, which is owned and managed by the Leicester and County Convalescent Homes Society, and Hunstanton Convalescent Home.

The attached table shows the number of applications for these holiday homes, and how these applications were dealt with.

Convalescent Home Cases

January to December, 1949. (First admission being in March)

Number of appli- cations	Sent to :			No Action
	Roecliffe Manor	Hun- stanton	Other Homes	
66	24	18	5	19 as follows : Refused to pay . . . 2 Not recommended by Health Department . . . 2 Dealt with by Conval- escent Homes Society 3 Other reasons : private arrangements, further medical treatment, etc. 12

HEALTH EDUCATION DEPARTMENT

Mr. C. R. Walker, Health Education Officer, contributes the following report :

The first major task with which I was confronted at the beginning of the year was the preparation of an Exhibition Stand depicting the Health Services of the City to be used at the Hospitals, Nursing and Complete Health Services Conference and Exhibition held in the De Montfort Hall. For this Exhibition, separate leaflets giving particulars of the Health Services were printed, bearing the now accepted cartoon figure of Dr. Fosse, the "mouthpiece" of the Department, who introduced each of the services.

Publicity

Dr. Fosse was to be firmly established, and to publicise him further and to introduce him into the homes of the people of Leicester, 30,000 Book Marks were printed, of which 20,000 were distributed through the City libraries, and the remaining 10,000 were sent to the schools, youth clubs, factories and private libraries. Following the distribution of the Book Marks, Cards, bearing slogans of health propaganda, were displayed fortnightly in the buses and trams.

Dr. Fosse seals were then printed and affixed to letters despatched from the Department.

The next project was a Painting Competition for children from 7-12 years of age. This was arranged to stimulate the children's interest in Dr. Fosse, and a drawing was designed by Mr. Padley, the artist, who created the original cartoon figure. For this competition, for which prizes were given for each year group, 256 entries were received.

By this time Dr. Fosse was becoming a well-known figure, and a three-dimensional replica was made of him, used mainly for window displays. The Ministry of Food was most generous in allowing us the use of their window in Rutland Street for Health Propaganda displays.

In addition to our own Health Publicity, through the medium of Dr. Fosse, a Display Stand issued by the Central Council for Health Education, with interchangeable Health Topics, was used for Health Propaganda purposes. The stand was erected in the main stores in the City, the colleges, and a factory canteen. Here again was the opportunity for distributing leaflets issued by the Central Council for Health Education, and also leaflets on the Health Services.

It was also agreed that a colour film, based on a synopsis incorporating all the Health Services and written by the Medical Officer of Health, be made. Mr. Michaelson offered to make the film free of charge and a commencement has been made.

Lectures

More than 1,000 letters were sent to factories, voluntary organisations, youth clubs and women's organisations, etc., giving a list of Health Topics upon which I was prepared to speak or arrange speakers should they so wish.

To assist my lecturing the Health Committee approved the purchase of a Sound and Silent Projector, which is a most useful asset.

Lectures and film shows were arranged in the Child Welfare Clinics, to the Health Visitors, to the Midwives and to the Home Helps. In addition, I made good use of the projector when visiting voluntary organisations, etc., who had invited me to speak.

The Youth Committee arranged a course of four lectures on Sex Education at Belgrave Road Schools, and I was invited to undertake the lectures to the boys—43 youths, the ages ranging from 15-20 years, attended this course.

A special course on Elementary Food Hygiene was arranged for cooks and domestics in Day Nurseries. Lecturers for this course were :

- (1) Dr. E. H. Gillespie, Director of the Public Health Laboratory
- (2) Mr. F. G. McHugh, Chief Sanitary Inspector
- (3) Dr. A. Hutchison, Deputy Medical Officer of Health
- (4) Miss E. M. A. Wilson, Adviser in Domestic Subjects and Women's Further Education

A total of 82 lectures was given to groups of many different types.

A special lecture was arranged in Leicester in conjunction with the Royal Institute of Public Health and Hygiene. The lecture on "The Catarrhal Child" was given by Dr. Alexander Browning, of London, and was held at the College of Art and Technology. This was attended by 375 people.

Conferences, Courses, Exhibitions

From the 27th July to 11th August, I attended the Central Council for Health Education Summer School at Eastbourne. Then, in November, I attended the Conference and Seminar for Health Education Officers held in London and organised by the Central Council for Health Education.

During the year I also had the privilege of visiting two Health Exhibitions in order to obtain ideas, etc., for our proposed Health Exhibition which was to be held in the Corn Exchange Hall in March 1950. Thus a great deal of time had to be spent in the latter part of the year making preliminary arrangements for this Exhibition.

Social

In the early autumn it was decided to plan a social centre which should be attached to the Cavendish Road Child Welfare Centre. Here, the mothers attending the centre are able to have short talks on health topics, are taught dressmaking and homecrafts, and have cookery demonstrations, etc. In addition, light refreshments are provided for the mothers at a nominal cost. A total of fifty mothers take advantage of the facilities provided.

In conclusion, I have been able to make numerous useful contacts by associating myself with the following voluntary bodies :

Leicester Social Workers
Marriage Guidance Council
Inter-Professional Commission for Mental Health
Discharged Prisoners' Aid Society

Report on the Chest Clinic for 1949

by

E. G. LAWRIE, M.B., Ch.B.

FOREWORD BY THE MEDICAL OFFICER OF HEALTH

Obituary

Dr. A. Scott, M.A., B.Sc., M.B., Ch.B., who joined the Health Department Staff as Tuberculosis Officer on the retirement of Dr. W. S. Thomson in 1945, died on the 16th August, 1949, at the comparatively early age of 50 years. During his short time in Leicester, Dr. Scott had proved himself to be a man of great knowledge in the diagnosis and treatment of tuberculosis, entirely acceptable as a colleague, and much beloved by his patients. The spontaneous expressions of opinion that reached the Department and the local press following his death bore eloquent testimony to the esteem in which he was held.

Our deep sympathy goes out to his widow and her four young children in their irreparable loss.

The Chest Clinic

The work of the Clinic during 1949 was, of course, considerably disrupted by Dr. Scott's illness and death, especially as his successor, Dr. J. Cuthbert, did not assume his duties till after the close of the year (in April, 1950).

With the help, however, of "locums" and with Dr. M. E. Moore's assistance (Dr. Moore was appointed to be in charge of the Mass X-ray Unit in July, 1949), Dr. Lawrie carried on.

Although the Chest Clinic became primarily the responsibility of the Regional Hospital Board, and in particular Hospital Management Committee No. 2, the closest liaison between the Clinic and the Health Department has been maintained.

The responsibility of the Clinic vis-à-vis the Regional Hospital Board is the clinical treatment of the patient. The responsibility of the Clinic vis-à-vis the Local Health Authority is the prevention of further disease. This preventive aspect of the work entails, inter alia, the following up and examination of contacts, and the domiciliary care (other than medical) of the patient in his home, including his rehabilitation. I am very glad to report that the relationships between the Clinic and the Department are most harmonious.

Report on the Chest Clinic for 1949

by

E. G. LAWRIE, M.B., Ch.B.

Premises

No change.

Staff

Dr. A. Scott died August 16th, 1949.

Nurse Beasley resigned December 29th, 1949.

New Cases notified during 1949

Four hundred and sixty-one new cases of Tuberculosis were notified in 1949, as compared with 481 in 1948—a total decrease of 20. The pulmonary cases increased by seven (410, as compared with 403), the non-pulmonary cases decreased by 27 (51 as compared with 78).

The following table gives the number of new cases since 1921 :

1921	..	Pulmonary, 497 ;	Non-pulmonary, 105 ;	Total, 602
1922	..	566 ;	43 ;	609
1923	..	692 ;	71 ;	763
1924	..	725 ;	65 ;	790
1925	..	606 ;	77 ;	683
1926	..	650 ;	77 ;	727
1927	..	700 ;	80 ;	780
1928	..	668 ;	117 ;	785
1929	..	657 ;	77 ;	734
1930	..	582 ;	66 ;	648
1931	..	511 ;	61 ;	572
1932	..	442 ;	69 ;	511
1933	..	438 ;	74 ;	512
1934	..	331 ;	72 ;	403
1935*	..	460 ;	100 ;	560
1936	..	355 ;	79 ;	434
1937	..	345 ;	88 ;	433

1938	..	Pulmonary, 310 ; Non-pulmonary, 84 ; Total, 394
1939	..	,, 299 ; ,, 84 ; ,, 383
1940	..	,, 343 ; ,, 101 ; ,, 444
1941	..	,, 390 ; ,, 75 ; ,, 465
1942	..	,, 365 ; ,, 85 ; ,, 450
1943	..	,, 359 ; ,, 93 ; ,, 452
1944	..	,, 392 ; ,, 52 ; ,, 444
1945	..	,, 355 ; ,, 60 ; ,, 415
1946	..	,, 440 ; ,, 55 ; ,, 495
1947	..	,, 458 ; ,, 68 ; ,, 526
1948	..	,, 403 ; ,, 78 ; ,, 481
1949	..	,, 410 ; ,, 51 ; ,, 461

*City Boundary extended and population increased by 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

The following table gives the sex and age periods of those notified during 1949 :

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up.	Total
Pulmonary												
Males ..	2	10	12	6	18	23	43	50	28	20	12	224
Females ..	—	5	4	7	37	41	38	28	12	9	5	186
Non-pulmonary												
Males ..	1	4	3	2	4	5	4	1	1	—	—	25
Females ..	—	2	4	3	4	6	2	3	1	—	1	26

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

	Pulmonary Tuberculosis in Young Adults (Notifications) (15-24) during the past 6 years											
	1944		1945		1946		1947		1948		1949	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males	12	35	11	28	21	44	29	37	22	24	18	23
Females	32	36	27	38	32	33	39	42	24	42	37	41
Total	44	71	38	66	53	77	68	79	46	66	55	64
Total both sexes	115		104		130		147		112		119	

This table shows for the year 1949 there has been an increase of 7 young adults notified, as compared with 1948, and is 28 less than in 1947.

DEATHS

Deaths due to Pulmonary Tuberculosis	..	..	153
Deaths due to non-Pulmonary Tuberculosis	..	..	21

The pulmonary deaths (153) are 14 less than in 1948. The non-pulmonary deaths (21) are one more than in 1948.

Place of Death.

Leicester General Hospital	..	..	..	..	9
Groby Road Sanatorium	..	..	..	..	39
Other Institutions	..	..	..	..	26
In patients' own homes	..	..	..	..	100
					174

Number of Deaths from Tuberculosis in Leicester in past years.						
Year.	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1935	234	91	18	7	252	98
1936	202	77	28	11	230	88
1937	216	82	35	13	251	95
1938	174	66	21	8	195	74
1939	183	70	25	9	208	79
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61

The following Tables give the Age, Sex Distribution and Occupations of those dying from Pulmonary Tuberculosis during 1949 :—

Age and Sex Distribution of Deaths from Phthisis in 1949.					
Age Period.			Males.	Females.	Total.
0—1	..	..	—	—	—
2—4	..	..	—	2	2
5—9	..	..	—	—	—
10—14	..	..	—	—	—
15—19	..	..	—	5	5
20—24	..	..	2	10	12
25—34	..	..	18	14	32
35—44	..	..	17	20	37
45—54	..	..	23	9	32
55—64	..	..	14	8	22
65 and upwards	..	..	7	4	11
All ages	..	..	81	72	153

Occupations of Persons Dying from Phthisis in 1949.											
				M.	F.					M.	F.
Shoe Trade :											
Clickers	..	..	4	—	Clerks	..	..	..	8	—
Finishers	..	..	3	—	Labourers	..	..	..	2	—
Lasters	..	..	2	—	Printing Trade	..	..	..	1	—
Machinists	..	..	—	1	Shop Assistants	..	..	..	4	—
Pressmen	..	..	1	—	Various	..	..	..	20	4
Various	4	—	Occupations not stated						
			14	1	(includes Married						
					Women, Widows,						
					Children and Per-						
					sons of no occupation)					3	61
*Hosiery Trades	..	..	10	5	Grand Total	..			81	72
Building Trade	..	..	3	—						
Engineering Trade	..	..	15	1						
Carpenters	..	..	1	—						

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

ANALYSIS OF DEATHS.

PULMONARY CASES HAVING HAD INSTITUTIONAL TREATMENT.									
Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. - ve cases 20	—	1	1	1	—	2	2	4	9
T.B. + ve Stage I. .. 25	1	—	1	2	6	3	2	—	10
T.B. + ve Stage II. .. 28	2	—	—	1	2	—	1	1	21
T.B. + ve Stage III. .. 12	—	1	1	2	—	—	1	1	6
Total 85	3	2	3	6	8	5	6	6	46

Of the total 85 recorded in this table, 79 were treated at Groby Road Sanatorium, four were treated at the Leicester General Hospital, one treated at both Groby Road Sanatorium and Leicester General Hospital and one treated at Markfield Sanatorium.

PULMONARY CASES NOT HAVING HAD INSTITUTIONAL TREATMENT.									
Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. - ve cases. 3	—	—	—	—	—	—	1	1	1
T.B. + ve Stage I. .. 8	—	—	—	1	3	—	1	1	2
T.B. + ve Stage II. .. 13	1	—	3	3	3	—	—	—	3
T.B. + ve Stage III. .. 15	3	1	5	1	1	—	3	—	1
Total 39	4	1	8	5	7	—	5	2	7

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE DISPENSARY.

TOTAL	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
12	8	—	—	1	1	—	1	—	1

These tables account for 136 deaths. In addition, there were 17 deaths of patients who had never been notified as suffering from tuberculosis. This gives a total of 153 Pulmonary deaths.

**Deaths from Pulmonary Tuberculosis in Children (0-14)
During the past six years.**

Ages.	1944			1945			1946			1947			1948			1949		
	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14
Males ..	—	—	1	1	—	—	—	—	—	2	—	1	—	—	—	—	—	—
Females ..	2	—	1	—	—	—	1	1	1	1	—	—	—	—	1	2	—	—
Total ..	2	—	2	1	—	—	1	1	1	3	—	1	—	—	1	2	—	—
Total each year ..	4			1			3			4			1			2		

Two deaths of children under five years of age from Pulmonary Tuberculosis have occurred during 1949.

Deaths from Pulmonary Tuberculosis in Young Adults (15-24) during the past six years.

Ages.	1944		1945		1946		1947		1948		1949	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	2	7	1	8	3	7	3	4	—	4	—	2
Females ..	5	11	6	13	2	10	6	15	8	7	5	10
Total ..	7	18	7	21	5	17	9	19	8	11	5	12
Total (both sexes) ..	25		28		22		28		19		17	

There has been a decrease of two in the deaths from Pulmonary Tuberculosis in young adults in 1949 as compared with 1948.

Non-Pulmonary Tuberculosis Deaths

Miliary	Meninges	Kidney	Total
1	18	2	21

Of the 21 non-pulmonary deaths, four are known to have been in contact with one or more persons suffering from Pulmonary Tuberculosis. Meningitis once again is responsible for the greatest proportion of these deaths.

Deaths from Tuberculous Meningitis in Children (0-14) during the past six years						
	1944	1945	1946	1947	1948	1949
Males	4	3	7	1	3	7
Females ..	4	8	3	1	4	3
Total	8	11	10	2	7	10

Ten deaths of children occurred from Meningitis, which is three more than in 1948.

Recovered Cases

During the past year names of 95 patients were removed from the register as having "recovered." Of these, 63 were pulmonary and 32 non-pulmonary. Of the pulmonary cases, eight had at one time been open positive sputum cases.

VISITS

Visits paid by the Chest Physicians for the purpose of					
examination .. ..	..	..	..	..	441
Ditto	Dispensary Nurses	..	..	..	3,259
Ditto	District Nurses	..	..	..	3,735

Chest Clinic as the "Centre for Diagnosis"

Notes from 115 doctors requesting an opinion on 1,704 patients were dealt with during the past twelve months.

Clinical Examinations

	Men	Women	Children	Total
First Examinations	640	662	311	1,613
Re-examinations	1,528	1,293	846	3,667

Contact Examinations

	1947	1948	1949
Number of contacts examined	669	721	498
Number found to be definitely tuberculosis	15	21	17

Bacteriological Examinations

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :			
From Practitioners ..	22	136	158
From Patients examined at the Dispensary ..	271	843	1,114
Specimens other than sputum..	—	7	7
Total	293	986	1,279

Radiological Examinations

	1947	1948	1949
Radiological examinations carried out at Groby Road Sanatorium and at the Mass Radiography Unit ..	4,296	4,879	4,281

Attendances

Total number of attendances	10,069
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MASS RADIOGRAPHY

I am indebted to Mr. L. Lee, Secretary of the Mass Radiography Unit, for the following statistical statement of the work of the Unit in Leicester during 1949.

It will be noted that it only concerns two months, September and October. The Unit was out of commission until the beginning of September, 1949, and in November went to Loughborough, which is the reason for this partial report.

Mass Radiography Unit—September and October, 1949

Survey of Factories, Colleges, School-Leavers, Home Helps, and Day Nursery Staff

Miniatures

			Male	Female	Total
September ..	..	..	308	467	775
October ..	..	..	621	651	1,272
			—	—	—
Total ..	..	..	929	1,118	2,047
			—	—	—

Recalled for Large Films

			Male	Female	Total
September ..	..	..	35	18	53
October ..	..	..	17	22	39
			—	—	—
			52	40	92
			—	—	—

Recalled for Medical Examination

			Male	Female	Total
September ..	..	..	15	9	24
October ..	..	..	6	4	10
			—	—	—
			21	13	34
			—	—	—

Classification of Disease and Disposal

	Male	Action	Female	Action	Total
Abnormalities of bony thorax and lungs	1	N/A	2	N/A	
Ditto			1	Hosp.	4
Chronic Bronchitis and Emphysema	2	N/A			2
Bronchiectasis	1	N/A			
	1	Hosp.			2
Basal Fibrosis			1	N/A	1
Pleural Thickening			2	N/A	2
Pleural and interlobar effusion (non-T.B.)	1	N/A	1	C. Clin.	2
Cardiovascular Lesions—congenital			1	N/A	1
Ditto—acquired	1	N/A			1
Missing large film			1	N/A	1
Tuberculosis :					
Inactive primary lesions ..	6	N/A	2	N/A	
			1	C. Clin.	9
Active post primary, unilateral	1	C. Clin.	1	C. Clin.	2
Active post primary, bilateral ..	3	C. Clin.			3
Inactive, post primary ..	2	C. Clin.	1	N/A	3
Pleural effusion	1	N/A			1
Unclassified	31	N/A			
	1	C. Clin.	26	N/A	58

T.B. Active	Male, 4 = 0.430%	Female, 1 = 0.09%	Total, 5 = 0.244%
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ANALYSIS OF CASES ON DISPENSARY REGISTER.

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined during the year excluding contacts :										
(a) Definitely T.B.	137	129	20	10	16	10	147	145	30	322
(b) Diagnosis not completed ..	—	—	—	—	—	—	189	181	217	587
(c) Non-Tuberculous	—	—	—	—	—	—	304	336	64	704
B. Contacts examined during the year :										
(a) Definitely T.B.	3	7	7	—	—	—	3	7	7	17
(b) Diagnosis not completed ..	—	—	—	—	—	—	1	2	29	32
(c) Non-Tuberculosis	—	—	—	—	—	—	194	232	23	449
C. Cases written off Dispensary Register :										
(a) Recovered ..	24	32	7	14	12	6	38	44	13	95
(b) Non-Tuberculosis	—	—	—	—	—	—	622	678	286	1,586
D. Number of Cases on Dispensary Register on December 31st, 1949 :										
(a) Definitely T.B.	919	776	132	113	107	58	1,032	883	190	2,105
(b) Diagnosis not completed ..	—	—	—	—	—	—	233	221	270	724
1. Number of cases on Dispensary Register on January 1st, 1949	2,575			2. Number of cases transferred from other areas and cases returned after discharge ..			66			
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"	106			4. Cases written off during the year as dead (all causes) ..			136			
5. Number of attendances at the Chest Clinic.. ..	10,069			6. Number of visits by Nurses to homes for Clinic purposes			3,259			
7. Number of visits by the Chest Physicians to homes of patients for the purpose of examination	441			8. Number of consultations with medical practitioners :						
				(a) Personal			380			
				(b) Other			5,345			
9. Number of "recovered" cases restored to the Register	—			10. Number of :						
				(a) Bacteriological Examinations			1,279			
				(b) Radiological examinations made in connection with the Chest Clinic work ..			4,281			

Report on Maternity and Child Welfare

for the year 1949

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B.(Edin.)

Maternity and Child Welfare Medical Officer

COMMENTS BY MEDICAL OFFICER OF HEALTH

1. At my request, Dr. Humphreys has given a new format to her report. It will be noted that it now presents the work of the Department in Sections which accord to those of the National Health Service Act, 1946, under which the work is carried out. It is hoped that this new method of presentation may make the report clearer.

2. There are many matters of routine, but nevertheless great interest, to be found in the report. Perhaps the most important is that which discusses the reorientation of the work of the Health Visitors, which is dealt with under Sections 24 and 28 of the Act on pages 74 and 76.

3. Under the work of the Domiciliary Midwifery Service it will be noted that 76 per cent. of the mothers attended received Gas and Air Analgesia. This is a very satisfactory figure. Analgesia is available to all mothers who desire it.

4. The extension of the Home Help Service referred to on page 77 is a matter of great satisfaction to the Department.

5. It will be noted that the usual report on the maternity dental service is omitted from Dr. Humphreys' report. This is because, at the request of the Ministry of Health, a special report by the Senior Dental Officer is included. This will be found at the end of Dr. Humphreys' report.

Report on Maternity and Child Welfare

for the year 1949

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B.(Edin.)

Maternity and Child Welfare Medical Officer

STATISTICS

Birth-Rate

There were 2,666 male births and 2,411 female births, a total of 5,077, giving a birth-rate of 17.9 per 1,000 population.

Of the total births (5,077), 284 were illegitimate (152 males and 132 females), giving an *illegitimate birth-rate* of 1.0.

Stillbirths

There were 128 stillbirths, 69 males and 59 females.

More attention is now being given to the annual mortality of babies in utero. As with premature births, the causation is largely obscure. Many factors have been suggested as having an influence on the still-birth-rate, for example, first births, rapid pregnancies, multiple births, and illegitimate births. Other enquiries suggest that there are social and economic influences.

From amongst the 128 mothers in the city who had a stillborn child in 1949, some 47 of them were known to be employed for a large period of their pregnancy.

In only eight of the mothers could their circumstances be called economically poor. The remainder were either comfortable or well-to-do.

Details of all stillbirths are separately recorded and it is hoped that such records may eventually throw some light on this problem.

Infant Mortality Rate

Number of deaths in infants under one year	121
Corrected number of births	5077
Infant death-rate	23.8

The rates for England and Wales and the Great Towns were 32 and 37 respectively.

The total deaths of infants under one year of age were 121, 66 males and 55 females.

This gives an infant death-rate of 23.8 per 1,000 live births which is the lowest rate ever recorded for the city and compares favourably with the rates for England and Wales and for the Great Towns.

From an analysis of the deaths, the following observations are made :

- (1) Congenital malformations and virus infections. The two-way enquiry continues, but no conclusions have yet been drawn either from our own small numbers or by the Ministry of Health through their wider field of enquiry.
- (2) Prematurity accounted for 27 of the 121 deaths, i.e., 22 per cent. of the deaths and with two exceptions these deaths all occurred within the first week of life. Details of the premature infants will be found on page 63 of this report.
- (3) The small number of six deaths from diarrhoea is very satisfactory.
- (4) Pneumonia (all forms) accounted for 16 deaths and these were chiefly in the second half of the first year of life.
- (5) Violent causes accounted for eight deaths. This figure includes one case of infanticide and two of inattention at birth. There were four deaths due to asphyxia, two while in bed with mother and two while in a cot. One other death was due to asphyxia due to inhalation of vomit.

Prevention of deaths by accident, whether asphyxia or otherwise, is constantly in the mind of the department, which is in close touch with the Accident Prevention Committee.

MATERNAL MORTALITY

Number of deaths during the year	8
From Puerperal Sepsis ..	3
From other accidents and diseases of pregnancy and parturition ..	5
	—
Total	8
	—

	1949	1948
Rate per 1,000 live and stillbirths ..	1.54	1.09
Puerperal Sepsis Rate	0.58	Nil

Figures for England and Wales :—

Maternal Mortality Rate	0.98
Puerperal Sepsis Rate	0.22

Concerning these deaths, the causes were :

1. Post Partum Haemorrhage (at home)	1
2. Pulmonary Embolism :	
Three weeks after normal confinement	1
At home six weeks after confinement	1
Four weeks after confinement at home	1
3. Obstetric Shock following retained placenta (in hospital)	1
4. Accidental Haemorrhage	1
5. Liver Necrosis	1
6. Death by misadventure under anaesthesia for a manipulation due to breech presentation ..	1

TABLE 8. City of Leicester

INFANT MORTALITY DURING THE YEAR 1949

Net Deaths from stated Causes at various Ages under 1 year of Age.
(LOCAL FIGURES)

CAUSE OF DEATH	Under 1 Wk.	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	3 to 6 Mths.	6 to 9 Mths.	9 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified ..	62	6	1	1	70	17	15	11	8	121
Congenital Malformations..	11	3	—	1	15	5	2	1	1	24
Birth Injuries	5	—	—	—	5	—	—	—	—	5
Atelectasis	10	—	—	—	10	—	—	—	—	10
Atrophy, Debility and Marasmus	—	—	—	—	—	—	—	—	—	—
Premature Births	25	1	—	—	26	1	—	—	—	27
Diarrhoea, etc.	—	—	—	—	—	2	1	1	2	6
Convulsions	—	—	—	—	—	—	1	—	—	1
Asphyxia Neonatorum ..	2	—	—	—	2	—	—	—	—	2
Icterus Neonatorum ..	3	—	—	—	3	—	—	—	—	3
Haemolytic Disease of the Newborn ..	1	—	—	—	1	—	—	—	—	1
Pemphigus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Tetanus „ ..	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Haemorrhagic Disease of the Newborn	2	—	—	—	2	—	—	—	—	2
Pink Disease	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ..	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis. (<i>Not Tuberculous</i>)	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	1	1	2	1	5
Pneumonia (all forms) ..	—	—	1	—	1	5	5	3	2	16
Syphilis	—	—	—	—	—	—	—	—	—	—
Intussusception	—	—	—	—	—	—	—	—	—	—
Heart Disease	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	1	1	—	2
Measles	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Violent Causes	2	1	—	—	3	2	2	1	—	8
Other Causes	1	1	—	—	2	1	2	2	2	9
Net Births in the Year	{ legitimate, 4,793 illegitimate, 284				Net Deaths in the Year of { legitimate infants, 112 illegitimate infants, 9					

NATIONAL HEALTH SERVICE ACT, SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old	5,196	(5,327)
„ „ revisits to children under one year old ..	13,447	(12,251)
„ „ visits to children one to five years old ..	20,775	(17,461)
„ „ visits to cases of Ophthalmia Neonatorum	18	(13)
„ „ first visits to ante-natal cases	438	(593)
„ „ other visits to ante-natal cases	137	(209)
„ „ visits to children under Infant Life Protection Act	407	(543)
„ „ visits to tuberculous patients	1,427	(—)
„ „ visits concerning adoption	282	(325)
„ „ other visits (no access)	6,914	(6,062)
„ „ other visits (not classified)	1,572	(1,441)
„ „ visits concerning infant deaths and stillbirths	120	(126)
„ „ visits concerning applications for maternity bed accommodation	432	(411)
Totals	51,165	(44,762)

A study of the above figures indicates that the decrease in the amount of district work which had been noted with regret in previous years has definitely ceased and it is expected that the small general increase in the number of visits paid will be maintained and added to from year to year. The year under review has been one of much planning of the work of Health Visitors for subsequent years and provided there are additions to the staff, as well as replacements of Health Visitors who retire or resign, the home visiting of the various members of the family will again take its rightful place as the foremost of the duties of a Health Visitor.

The Health Visitors themselves are fully aware that their new duties must not overshadow their district work and it can safely be left to their own judgment and enthusiasm to ensure that a proper balance of work is maintained.

Attendance of Health Visitors at Clinic sessions :

Infant Welfare Centres	..	..	..	2,524
Ante-natal Clinics	..	..	..	1,298
Birth Control Clinic	..	..	..	114
School Clinics (including Minor Ailments and Scabies)	..	..	..	542
Diphtheria Immunisation	..	..	..	50
Chest Clinic	..	..	..	26

Ante-natal Clinics

The number of ante-natal attendances during the year 1949 was as follows :

(Corresponding figures, where available, for the previous year are in brackets)

Clinic	No. of Sessions	ATTENDANCES				Avg. per Session
		First Visits	Re-Visits	Total		
Cort Crescent .. Tues.	48 (50)	83 (72)	449 (543)	532 (615)		11
Wed.	52 (53)	110 (160)	628 (851)	738 (1011)		14
13 Crescent Street .. Tues.	48 (50)	125 (155)	509 (900)	634 (1055)		13
Fri.	51 (52)	95 (123)	461 (739)	556 (862)		11
Causeway Lane .. Wed.	52 (53)	190 (191)	1204 (965)	1394 (1156)		27
Fri.	51 (52)	162 (163)	753 (998)	915 (1161)		18
Belgrave Hall .. Mon.	48 (49)	100 (134)	555 (940)	655 (1074)		14
Wed.	52 (53)	130 (184)	713 (1143)	843 (1327)		16
Newby Street .. a.m.	52 (53)	119 (158)	544 (659)	663 (817)		13
p.m.	52 (53)	170 (222)	889 (1165)	1059 (1387)		20
St. Christopher's .. a.m.	51 (52)	99 (116)	680 (896)	779 (1012)		15
p.m.	51 (52)	119 (163)	801 (1000)	920 (1163)		18
Braunstone Avenue ..	48 (49)	148 (181)	579 (823)	727 (1004)		15
Kelland College ..	48 (50)	225 (246)	994 (1358)	1219 (1604)		25
Totals 14	704 (721)	1875 (2268)	9759 (12980)	11634 (15248)		16

The gradual decrease in the number of new patients attending the district clinics, noticed after the introduction of the National Health Service Act in July, 1948, continued throughout 1949. It was, therefore, decided to discontinue the second weekly session at Cort Crescent and at 13 Crescent Street early in 1950. Attendances at other clinics are being closely watched so that any necessary action will be taken.

It was not found possible during the year to offer clinic facilities to the women living on the New Parks Estate and they have continued to

make the journey either to Causeway Lane or to St. Paul's Church Rooms.

Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

In accordance with the above Circular, detailed information is now obtained concerning any infant whose birth weight was 5½ lbs. or less.

From the records kept, it is shown that there were 387 such infants born in 1949. This figure includes 112 who were born at home and 29 in private nursing homes. The remaining 246 were born in hospital.

A detailed follow-up of the premature infants born at home or in a private nursing home is undertaken and the following is a tabulated statement of the condition of such infants up to the 28th day after birth.

	Born at Home							Born in Private Nursing Home						
	Transferred to Hospital	Nursed entirely at home					Grand total	Transferred to Hospital	Nursed entirely in Private Nursing Home					Grand total
		Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total			Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
Under 3 lbs.	7	2	—	—	—	2	9	1	1	—	—	—	1	2
to 4 lbs...	7	—	—	—	—	—	7	1	—	—	—	1	1	2
to 5½ lbs.	17	1	1	—	77	79	96	1	—	—	—	24	24	25
Total ..	31	3	1	—	77	81	112	3	1	—	—	25	26	29

There is a special unit for premature infants at the General Hospital and the Health Department has provided a special ambulance cot, electrically heated, which ensures that these infants transferred from home to hospital are conveyed under ideal conditions.

Ophthalmia Neonatorum

The following details show the incidence and results of treatment of this disease of the new-born during 1949 :

OPHTHALMIA NEONATORUM, 1949

Cases notified during year	7
Visited by Health Visitors	7
Removed to hospital	1
Treated in hospital	3
Result of Treatment :	
Vision unimpaired	5
,, impaired	—
,, lost	—
Still under treatment at end of year	—
Patients died	—
Removed from district	2
	—
Total	7
	—

Birth Control Clinic

The following figures refer to the year 1949 :

	<i>City</i>	<i>County</i>	<i>Total</i>
Number of patients who sought advice ..	223	95	318
,, ,, ,, were accepted for advice ..	220	94	314
,, ,, ,, were refused advice	3	1	4

Concerning the 314 women accepted for advice, the following are the medical reasons for which the advice was given :

	<i>City</i>	<i>County</i>	<i>Total</i>
Husband :			
Active Tuberculosis	3	2	5
Other diseases	10	1	11
Children :			
Congenital defect	2	1	3
Patient :			
Nervous debility	30	4	34
General debility	84	33	117
Pulmonary Tuberculosis	19	3	22
Heart Disease	5	5	10
Kidney trouble	1	1	2
Toxaemia of pregnancy	8	7	15
Obstetric complications	23	20	43
Gynaecological conditions	4	1	5
Various other conditions	31	16	47

Cases in which advice was refused

Advice was refused to four women (three City and one County). In three of the patients there were no medical grounds for the advice to be given and in one case the patient was found to be pregnant.

Schools for Mothers and Child Welfare Centres

In spite of changes in medical staffing, attendances by doctors at the Centres has been well maintained by the use of part-time medical practitioners, who will always be necessary on a sessional basis if the service is to be maintained during emergency leave and annual leave periods.

By this method, out of 1,297 sessions held, there were only 33 at which a doctor was not present.

No new Centres were opened during the year but the needs of the mothers in the rapidly expanding housing estates are being kept in mind.

(Corresponding figures for the previous year in brackets)

Number of Infant Welfare Centres	24	(24)
„ Medical Weekly Sessions	26	(26)
„ Sessions held ..	1,297	(1,326)
Total attendances of Mothers	67,411	(68,504)
Total attendances of Children:		
Under one year old ..	52,539	(53,255)
Over one year old ..	20,912	(20,142)
	73,451	(73,397)
First visits of Children :		
Under one year old ..	4,216	(4,363)
Over one year old ..	780	(769)
	4,996	(5,132)
Number of Children attending who at the end of the year were:		
Under one year old ..	3,581	(4,255)
Over one year old ..	6,669	(6,531)
	10,250	(10,786)
Number of sessions at which a doctor was present ..	1,264	(1,284)
Number of children seen by a doctor	27,247	(28,425)

The above figures refer to a 52-week period as compared with a 53-week period last year, which accounts for some disparity in the totals. It will be seen that, in general, attendances at Child Welfare Centres are well maintained and that the average number of children seen by a doctor at each session is 21.5.

Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions. (Circular 2,831 of the Ministry of Health, dated July, 1943)

Ascertainment

The method and classification, as previously described, remain unchanged.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was 11, and, as previously, they belonged to families where the mother was not unduly concerned about the presence of head lice.

Method of Cleansing

In the small number of children requiring cleansing, members of the staff assist the mother.

Treatment at School Clinics

No change except as shown hereunder.

Artificial Sunlight

The number of children referred to the clinic was 186, as against 169 for the previous year.

The number of children who completed treatment was as follows :

			<i>Good Results</i>		<i>Fair or Unchanged</i>		<i>Total</i>
Infants :			<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	
Rickets	..	..	12	9	—	1	22
Poor general condition	..	..	4	15	—	1	20
Anorexia	..	..	12	14	1	2	29
Anaemia	..	..	—	1	—	—	1
Respiratory Catarrh	..	..	9	3	3	—	15
Asthma	..	..	1	—	—	—	1
Various	..	..	5	6	—	1	12
			—	—	—	—	—
Totals	..	..	43	48	4	5	100
			—	—	—	—	—

Orthopaedic Clinic. No change.

Other School Clinics

There were 182 children under five years of age admitted to the Ear, Nose and Throat Clinic, 175 to the Eyes Clinic, and 385 to the Skin and Minor Ailments Clinic.

DAY NURSERIES

The administrative staff remains as previously reported.

(1) During the year, the two huts at Braunstone Park, which had been adapted and altered, were opened for the receipt of children on the 4th July as a Nursery to accommodate 90 children. This Nursery caters for children who live in the huts on the camp and thereafter for children in the vicinity whose mothers go to work. It is usual for the mothers of the children on the camp to be going to work and it is only where the living conditions are considered by the Health Visitor to be detrimental to the health of the child that a child is admitted to the Day Nursery while the mother remains at home in the hutted dwelling.

(2) Work has proceeded during the year on the hutted Nursery in Frank Street to replace the Day Nursery at Humberstone Road.

(3) Hostel accommodation has remained a matter of serious concern and without additional accommodation it will be impossible to increase the staff.

(4) **Staff.** The staff situation has eased and there is now a considerable waiting list of suitable persons who wish to train as Nursery Nurses, but they are having to wait because (a) hostel accommodation is lacking and (b) training facilities within the official training course are not adequate.

(5) **Training of Nursery Nurses.** As mentioned above, there is need for extension of the existing facilities for training nursery nurses over a period of up to two years for the certificate of the National Nursery Nurses' Examination Board. The value of this training in itself and as a pre-nursing course training was emphasised in the last report. While the Day Nurseries themselves are all approved as training centres for the practical work, the facilities for further education in general subjects are provided in collaboration with the Education Department who also have students in training for the same examination in their nursery classes. Application has been made through the Education Department for an extension in the facilities which they provide.

It is anticipated that between 40 and 50 students will be available each year for this course of training so that the actual number of students in training will be 80 to 100.

(6) The attendances at each Day Nursery are detailed below :

<i>Day Nursery</i>	<i>Attendances</i>	<i>Daily Average</i>
St. Martin's	12,589	50.2
Glen Street	11,316	45.1
Humberstone Road	8,654	34.5
Fosse Road	6,599	26.3
Fairway	8,344	33.2
New Walk	7,382	29.4
College Street	8,410	33.6
Bradgate Street	8,972	35.7
Belgrave House	13,096	52.2
Bedford Street	11,180	44.5
Sparkenhoe Street	10,654	42.4
Braunstone Park (opened 4th July, 1949)	5,297	43.1

All Day Nurseries are now open only for five days in the week as it was found that the attendances on Saturday morning did not justify the nurseries being opened.

The waiting lists at all nurseries are so heavy that there is no real hope of reducing them.

Nurseries and Child Minders Regulation Act, 1948

The four industrial nurseries registered in 1948 continue to function and are supervised regularly from this Department. There were no additional registrations.

Concerning daily minders, the actual number of persons applying for registration was four.

Child Life Protection

It was anticipated that this work would pass to the Children's Department during the year, but at their request, one Health Visitor, who has undertaken this work has continued to do so as a temporary measure.

Pre-Nursing Course

The response to this Course is so small that there is no need to continue it. One of the hospitals in the city has its own pre-nursing course and the Health Department can usually meet the needs of applicants by offering them training in a Day Nursery.

Circular 2866 of the Ministry of Health, dated October, 1943

The Care of Illegitimate Children

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1949 is as follows :

Number of illegitimate births notified to the Moral Welfare Association	279
Number of children born elsewhere and brought as infants to the City	7
Number of expected births notified, but :	
Mother married before birth of child	1
Mother left district before birth of child	1
Mother died before birth of child	1
Number of girls sent to Homes or Hostels prior to the birth of their children	14
Number of illegitimate births known otherwise	2
	<hr/>
	305
	<hr/>

1. At present living in their own homes with the children 34

2. Living in lodgings with their children .. 7

Mothers in the above two categories have been helped in various ways, including :

Legal help and advice re affiliation	12
Advised re arrangements for confinement only	3
Advised re adoption	13
Helped with accommodation	4
Prams or cots loaned to	8
Clothing provided for mother or child	11
Children in Day Nurseries	7
Monthly grants administered for Dr. Barnardo's	4

3. Sent to Maternity Homes and Hostels .. 22
(15 before confinement and seven afterwards)

Payments for maintenance in the above were arranged as follows :

Met by applicants, their parents, with insurance benefits combined	12
Met by City Health Department and applicant	9
Met by putative father entirely	1

Of the above girls, the following details are recorded :

Children subsequently adopted	..	..	6
Child died	..	..	1
Mother married the father of the child	..	..	2
In parents' home with their children	..	..	3
In relatives' home with her child	..	..	1
Employment found for mothers with children	..	..	2
Still in Maternity Homes at the end of the year	..	..	7
4. Foster Homes. Children in Foster Homes	..	..	6
(Five others received temporary accommodation)			
5. Adoption. Arranged through the Leicester and Leicestershire Adoption Society (with four others in Section 3)	..	..	10
Privately arranged	..	..	10
6. Married. Mother married before birth of child	..	..	1
(Fifteen known to have married after birth of child)			
7. In Care of Children's Department	..	..	3
8. Hospital. Child detained in Hospital	..	..	1
9. Deaths. Mother died before child was born	..	..	1
(Ten children known to have died)			
10. Health Visitor reported "No help required at present"	..	..	181
11. Number of children born in the City, but mother lives in County	..	..	20
12. Transferred to other Workers or left district	..	..	9
			<hr/>
			305
			<hr/>
Cases of Cohabitation	..	..	138

Grants administered on behalf of Dr. Barnardo's and Church of England Children's Society in respect of 26 children.

The Moral Welfare Association dealt with 168 other cases, 20 of these were expectant mothers.

Adoption of Children (Regulation) Act, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1949 are as follow :

Number of applications from persons wishing to adopt a child	74
Number of children offered to the Society with a view to adoption	70
Number of children taken into Hostels under the direct control of the Society pending adoption	Nil
Number of children placed by the Society pending adoption in Foster Homes or Hostels not under the direct control of the Society	35
Number of children placed with a view to adoption ..	42
Number of adoption orders made in respect of children placed by the Society	37
Number of children placed for adoption by the Society and awaiting adoption orders at the end of the year ..	18
Number of children in Hostels under the direct control of the Society at the end of the year	Nil
Number of Children at the end of the year in Foster Homes or in Hostels in which they had been placed by the Society but which are not under the Society's direct control.. .. .	12

NATIONAL HEALTH SERVICE ACT, SECTION 23

MIDWIFERY

Midwives

During the year 1949, 109 midwives notified their intention to practise. Of these, 27 were municipal midwives, one relief municipal midwife, 10 were midwives in independent practice and the remaining 71 were practising in maternity hospitals or maternity homes.

THE MUNICIPAL MIDWIFERY SCHEME

SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	No. of Midwives	Cases Attended	Gas and Air Administered	VISITS		
				Post-Natal	Ante-Natal	Total
1	4	267	226	3,893	1,074	4,967
2	4	333	294	5,894	2,031	7,925
3	4	401	310	8,107	2,686	10,793
4	4	259	145	4,687	1,489	6,176
5	4	268	209	4,604	1,433	6,037
6	3	264	199	4,453	651	5,104
7	2	215	151	3,847	593	4,440
8	1	53	41	997	314	1,311
Grand Total		2,060	1,575	36,482	10,271	46,753

The number of patients attended by municipal midwives in 1949 was 2,060, that is, 173 less than in 1948. This fall was expected after the peak year for births in 1947. The actual bookings in 1949 were 200 less than in 1948. It is satisfactory to note that though the number of patients attended was slightly fewer, with a corresponding decrease in the number of visits paid (1,435 less), there was an increase in the number of visits paid per patient, namely 22.7 as compared with 21.

There was also an increase of 94 in the administrations of analgesia, a rise from 66 per cent. to 76 per cent.

The staff situation has, in the main, been satisfactory, and the establishment figure of 26 midwives has been maintained, but owing

to long periods of sick leave, it was necessary to employ part-time midwives. The establishment appears to be adequate in the light of present bookings, although there is some disparity between the number of patients attended by different midwives, though the average number per midwife is satisfactory.

The long periods of sick leave of midwives has led to their partners having a disproportionate number of patients and a few midwives still fail to co-operate closely enough with their partners to ensure that their bookings are more equalised (and this policy is constantly urged at staff meetings).

National Health Service and Midwifery

The differences referred to in the previous report which followed immediately upon the National Health Service Act coming into force, have largely been resolved.

The system of interchange of information between midwives and doctors concerning their booked cases had been arranged with the Local General Practitioner-Obstetrician Service and was about to be put into operation when the Central Midwives' Board issued certain instructions which, themselves, served to meet the situation.

Although the estimation and allocation of work is still rendered difficult because many patients still do not book their midwife until late in pregnancy, in general, the service is working to the mutual satisfaction of the midwife and the doctor and the benefit of the patient.

NATIONAL HEALTH SERVICE ACT, SECTION 24

HEALTH VISITING

Health Visiting Staff and the School Health Service

The co-ordination of these two services has proceeded since the inception of the arrangements in 1947, and during the year under review it was possible to proceed much further as the Health Visitors' Training Course gave us ten additional staff. These recently qualified Health Visitors were allocated to combined duties in September and it is intended that this practice should continue as Health Visitors join the staff.

Training School for Health Visitors

As already reported, this School was opened in July, 1948, and accommodates 20 students per course. The length of each course at present is six months and it is estimated that three courses will be held every two years.

At the July examination 13 of the 20 candidates were successful.

NATIONAL HEALTH SERVICE ACT, SECTION 26

VACCINATION AND IMMUNISATION

Diphtheria Immunisation

Facilities for immunisation against diphtheria are available at all Child Welfare Centres at their weekly sessions and at Day Nurseries. There is also a central clinic at the Milk Depot, 13 Crescent Street, which is open each Saturday morning.

During the year Leicester has taken part in a special investigation at the request of the Public Health Laboratory Service and the Medical Research Council in the use of a new antigen.

Birthday cards are still used for propaganda purposes.

Although it is not possible to compare the number of children immunised in any one year with the number of births in that year (as they would not be the same children) it can be stated that during 1949 there were 5,077 births registered in the city and 3,908 children were completely immunised, that is, received their second injection.

Vaccination

Under the National Health Service Act, facilities for vaccination were provided at the clinic premises, 13 Crescent Street, each Saturday morning, but during 1949 the requests for vaccination were negligible, a total of 66 children and 19 adults being vaccinated.

NATIONAL HEALTH SERVICE ACT, SECTION 28

CARE AND AFTER-CARE

In addition to the work under Section 22 (Care of Mothers and Young Children), Section 24 (Health Visiting) and Section 26 (Diphtheria Immunisation and Vaccination), the work of home visiting under Section 28 (Provision of Illness—Care and After-care) has been allocated to the Health Visitor. It is the agreed policy of the Local Health Authority to regard the Health Visitor as the Social Worker of the Health Department. Accordingly, during the year, Health Visitors have undertaken the additional and varying duties of after-care.

Health Visitors are undertaking the home visiting of patients discharged from hospital, including a period in a holiday home.

In order that there may be the closest liaison between the hospital ward and other staff, and the health visitors, arrangements were made for all health visitors in turn to pay visits of observation to the various hospitals in the city. During the year 1949 they attended at the Royal Infirmary, visiting each department, e.g., the Casualty Department, Dietetic Clinic, Almoner's Department, etc. Later they will visit surgical, medical and maternity wards at regular intervals, so that they may be kept up to date with modern methods of treatment and maintain the liaison with the hospital staff. Already these visits have proved of mutual benefit.

In addition, as the former tuberculosis nurses retired or resigned, their duties were undertaken by health visitors, who now attend at the Tuberculosis Dispensary (Chest Unit) and undertake the home visiting in connection with tuberculous patients.

While this extension of the duties of a health visitor, to include all the members of a family with their several needs, is warmly welcomed, it has to be admitted that in the initial stages of establishing this policy, the additional work has been undertaken at the expense of that for which the health visitors were originally appointed. This readjustment is accepted as inevitable as there is every confidence that the health visitor will manage to maintain her close contact with the mothers and young children and it is reasonable to estimate that as more health visitors are ultimately added to the staff, largely through the training school, the case-load of each health visitor and the size of her district will be reduced so that in time she will be able to keep in close and constant touch with all the members of the family who come under her supervision.

NATIONAL HEALTH SERVICE ACT, SECTION 29

DOMESTIC HELP

Home Help Service

During 1949, the Home Help Service, inaugurated in 1946, grew to nearly double its numbers at the end of 1948, with a corresponding increase in the number of homes receiving help.

This expansion was due in part to the growing realisation of the need for such a service in the city and of the satisfaction which the work itself gives to those who are fitted to undertake it, but also to the help of the Principal of the Central Institute for Women who arranged the six Preparation Courses for Home Helps held during the year. This Preparation Course was made possible at the beginning of the Service by the cordial co-operation of the Adviser in Domestic Subjects and Women's Further Education, who herself makes a personal contribution to each course. Each applicant before enrolment is required to attend a course lasting two weeks. During this time she is given an opportunity of assessing the standard of home-craft expected of her, of visiting some of the homes she may be asked to serve and of becoming acquainted with the work of other members of the Department to which she will belong.

Miss Yvonne R. Lewis, who was appointed Deputy Organiser, joined the Department on the 16th May, 1949, and took over the administrative work of part of the city.

The following is a statistical summary of the staff employed and work done in the Service during 1949. In the second table, the homes helped have been classified according to the emergency for which the Home Help was needed.

1. Home Helps Employed during 1949

	On Register 1st Jan., 1949	Resignations during year	Additions during year	On Register 31st Dec., 1949
Full-time ..	48	22	65	91
Part-time ..	10	2	7	15
Total ..	58	24	72	106

2. Homes Helped during 1949

Maternity	674*
Tuberculosis	18†
Others (including the aged and chronic sick)	547‡
	<hr/>
	1,239
	<hr/>

*Average duration of help received : 3 weeks.

†Average duration of help received : 6 to 12 months.

‡Duration of help received varied from two days to 15 weeks in domestic emergencies (usually the illness of the mother of the family). Aged and chronic sick received part-time help varying from two hours to two or three days a week.

Concerning the number of households helped, where there is known to be a tuberculous patient, this figure has been limited by a decision of the Chest Physician that no Home Help under 35 years of age should be sent to such a household and that only those persons over that age who volunteered for this work should undertake it.

This policy has now been reviewed. Home Helps have availed themselves of the opportunity of attending the Chest Clinic for X-ray examination of chest and for a Mantoux Test, which test indicates whether a person is safe to work among tuberculosis patients. The results of these tests have made it possible to allocate almost all Home Helps over 35 years of age to work among tuberculous persons. It is not intended to allocate younger Home Helps to this work.

GENERAL

Puerperal Pyrexia

During the year there were 64 cases of Puerperal Pyrexia notified and particulars are given below as to the place of confinement and of treatment, with the result of treatment.

It is gratifying to record that there were no deaths. Amongst the 64 patients there were 18 cases of abortion.

The policy of removing all patients in whom potential sepsis cannot be excluded to the Puerperal Fever Unit of the City Isolation Hospital continues, and the results obtained justify the procedure.

Number of cases of Puerperal Pyrexia notified during						
1949 .. .. .	..	..	..	..	..	64
Number of patients confined :						
(a) At home .. .. .	..	..	..	..	..	30
(b) In Hospital or Nursing Home	..	..	..	..	..	34
Number of patients treated :						
(a) At home .. .. .	..	..	..	..	..	8
(b) In Nursing Home or Hospital	..	..	..	..	..	17
(c) Transferred to Isolation Hospital	..	..	..	..	..	39

Registered Nursing Homes

Concerning the ascertainment of Homes which may not be registered, this matter is constantly kept in mind and throughout the year there has been the closest liaison with the Chief Medical Officer of the Welfare Department in the matter of premises which should be considered for registration either as a nursing home or as an old people's home.

STAFF

Medical Staff

Dr. Hugh Powell resigned in December, 1948, and left the Service on the 27th January, 1949, to go into general practice. He was replaced by Dr. K. Kolaczek, who commenced duties on the 1st February, 1949.

At the same time, the need for an additional full-time Assistant Medical Officer to undertake duties in the Health and School Health Services was met by the appointment of Dr. E. W. Korn, who commenced duties as a full-time officer on 1st February, 1949.

TABLE 9

LIST OF

REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES)

ADDRESS	NO. OF BEDS
9 Mere Road	1
Stoneygate Nursing Home, Stoneygate Road ..	10
39 Scraptoft Lane	8
"Broadview," Goodwood Road	5
"Clifton Nursing Home," 58 Fosse Road Central ..	6
Central Nursing Home, 6 University Road..	15
The Laurels, 185 Uppingham Road	8
Sundial Nursing Home, Aylestone Road	20
85 Narborough Road	10
St. Francis Private Hospital, 362 London Road ..	31
The Woodlands Nursing Home, Holmwood Drive, Groby Road.. .. .	6
Springfield Road Rest Home, 35 Springfield Road ..	8
The Lawn Nursing Home, London Road	22
"Meadowbank" Nursing Home, 13 Park Hill Drive	4

Dr. John Menzies resigned on the 3rd February, 1949, to take up an appointment with the National Coal Board and he was replaced by Dr. Leo Hahn, who commenced duties on 15th March, 1949.

Dr. Margaret Slater, who joined the Department on the 12th January, 1948, left in December, 1949, to take up a similar post in her home county in North Wales.

Health Visitors

Miss F. S. Leader, Superintendent Health Visitor and Superintendent School Nurse since January, 1947, resigned to take up a post as Deputy Superintendent Nursing Officer in the North Riding of Yorkshire. She left the Department on the 30th June.

Miss P. C. L. Gould was appointed to replace Miss Leader and commenced duties on the 9th November, 1949.

Miss D. G. H. Robinson left the Department on the 31st January, having been seconded to the Foreign Office to take up a post as Senior Nursing Officer for the Control Commission in Germany for a period of 12 months.

Miss Kathleen L. Houlton, who had been a Health Visitor in the Department since 1943, left on the 28th February to take up a similar post in her home town, West Hartlepool.

Miss M. Haird, who had been a Health Visitor in this Department since June, 1946, left the Department on the 18th November to join the New Zealand Nursing Service.

The following candidates obtained the Health Visitor's Certificate of the Royal Sanitary Institute and commenced duties as Health Visitors in the Department on the 17th January, 1949 :

Miss Joan Harrison,
Miss Jean M. Leetham,
Miss Dorothy F. M. Mackenzie.

Mrs. Elizabeth A. Grainger, formerly Diphtheria Immunisation Nurse in the Department, was also successful in obtaining her certificate and commenced her new duties on the 1st February, 1949.

At the July Examination for the Health Visitor's Certificate, the six students, who had received training bursaries from this Department, were successful and commenced duties on the 8th August :

Miss D. M. Butler,
Miss E. F. Blencowe,
Miss A. Daly,
Miss E. M. Doherty,
Miss F. B. Henson, and
Miss B. P. Watson.

Miss M. M. Knott, Tutor to the Health Visitors' Training Course, left on the 29th September, 1949, to return to a post as a Superintendent Home Nurse.

Miss Dorothy M. Lane was appointed to replace her and commenced duties on the 17th October, 1949.

Midwives

Miss M. B. Gould commenced duties on the 1st April, 1949, replacing Miss Spink, who left on December of the previous year.

Mrs. E. M. J. Dodson left the Service for urgent domestic reasons on the 23rd May. She was replaced by Miss C. M. Coverdale, who commenced duties on the 1st September, 1949.

Mrs. M. L. Reston died on the 20th December, 1949, and Miss G. M. Wilson, an independent midwife, was offered and accepted the vacancy.

Clerical Staff

Mrs. A. M. Tierney, Diphtheria Immunisation Clerk, left on 15th January, 1949, and was replaced by Miss J. Oxley, who left on the 18th November, 1949, to be married. She was replaced by Mrs. J. M. Hurd, who had been Telephone Operator since the 13th May, 1949. Mrs. B. H. Hope replaced Mrs. Hurd as Telephone Operator on the 5th December, 1949.

The appointment of an additional clerk was authorised and Miss D. C. Snell commenced duties in the Department on the 21st March, 1949.

E. B. BERENICE HUMPHREYS

July, 1950

Maternity and Child Welfare Dental Report, 1949

The public, the authorities and the dental profession have now had a good look at a full year's working of dental services under the National Health Service Act. Historically, it will have proved to have been a year of probation and a phenomenal one at that. In Parliament, in the Press and on the air, the fierce light of publicity focussed public attention on matters of omission and commission. Health and Education Authorities spent considerable administrative and committee time on the difficulties of their own obligations under their respective Acts. Theirs has not been an easy assignment and it would be well perhaps to be reminded here of the dental provisions a Local Health Authority has been delegated to arrange for expectant and nursing mothers and the pre-school child. In the Act itself, Part III, Section 22—(1) :

“It shall be the duty of every local health authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority.”

There is no ambiguity about that. How these duties were to be carried out was formulated in Circular 118/47, issued July 10th, 1947. The proposals were condensed into three paragraphs, 15, 16 and 17 which are well worth quoting in full. Against their background, an account can be given of what the Leicester Authority has attempted to do.

“15. Dental Care. The Inter-departmental Committee on Dentistry stated in their Interim Report (Cmd. 6565) of 1944 that on the evidence before them, which was admittedly incomplete, the provision made by Welfare Authorities for the dental care of expectant and nursing mothers and of young children was in most places extremely meagre. They drew attention to the harm that oral disease can cause to both mother and child; and they recommended that special provision should be made for dental treatment for these classes.

"16. The duty laid on Local Health Authorities to make special arrangements for the dental care of expectant and nursing mothers and of young children is in effect the implementation of this recommendation. Although Section 40 of the Act requires Executive Councils to take steps to set up a general dental service, the Act gives the ordinary patient no such guarantee of dental treatment as it gives him of medical treatment; this is because there may in the new service be a bigger demand for dental treatment than the available dentists can meet. Expectant and nursing mothers and young children will, of course, have equal rights with the rest of the community to the benefit of the general dental services provided under Section 40; the intention of Section 22 is clearly to put them in a preferential position and to afford them some guarantee of treatment not given to other classes. Local Health Authorities cannot give effect to this intention without expanding substantially the provision now made by Welfare Authorities as part of their maternity and child welfare services, and putting more emphasis on conservative treatment. The Minister looks to Local Health Authorities to review the existing provision, and to include in their proposals plans for its development so as to permit of examination by a dentist being arranged for every expectant mother following her first attendance at the ante-natal clinic, the periodical examination of children, including those in day nurseries, up to the time they come under the care of the School Dental Service, and the provision of such treatment as may be necessary. An essential part of the arrangements will be facilities for the speedy repair of dentures. In connection with the provision of dentures and the Local Health Authority's power under Section 22(2) of the Act to recover charges in respect of 'articles' provided under the Section, the Authority may wish to consider following the principle mentioned in Section 44(1) (b) of making a special charge for replacements necessitated by lack of care on the part of the person supplied.

"17. It is suggested that steps should be taken to secure joint user with the Education Committee of the resources of the School Dental Service, and, where the development of an adequate service is hampered by lack of sufficient accommodation, the Regional Hospital Board might be asked whether they know of any accommodation at a hospital not immediately required for hospital purpose which the Authority might equip and use for the dental treatment of mothers and young children. It is understood that dental equipment is in reasonable supply, and that if the Authority can find suitable accommodation, at hospitals or elsewhere, they should be able to purchase the necessary equipment from ordinary commercial sources. Consideration might be given to the desirability of placing responsibility

for the new service on the Senior Dental Officer appointed for the organisation and development of the School Dental Service, subject to co-ordination by the Medical Officer of Health. In this connection Local Health Authorities will recall that the Inter-departmental Committee on Dentistry recommended, in paragraph 98 of the Interim Report already referred to and again paragraph 28 of their Final Report (Cmd. 6727), that a Chief Dental Officer should have direct access to the appropriate committees of his Authority."

The Inter-departmental Committee on Dentistry, whose Report is referred to in paragraph 15, was presided over by Lord Teviot. In the light of present happenings, their Report is a most illuminating document. The Committee reviewed the whole field of dental practice and, as indicated in this paragraph, laid very great stress indeed on the need for dental care for expectant and nursing mothers and young children, and for carrying on the work through the schools and into adolescence. What did the responsible local government associations have to say to this Committee? "The Association of Municipal Corporations recognise that 'the present provision of dental treatment in the local authority health services is inadequate in all its branches.' The Metropolitan Boroughs' Standing Joint Committee informed us that 'the wide extension of local authority dental services is in our view desirable.' The County Councils Association recommended a statutory duty on local authorities 'to provide for at least an annual or preferably bi-annual inspection and treatment for each child'."

In another part of the Report we find the following: "The Authorities for the Special Services are to take the initiative. The existence of the general service abrogates nothing from their responsibility, and their keenness will be vital to success. The same is true of the welfare service. Every expectant mother coming to a clinic should be dentally examined by a dental officer who should then (after consultation with the medical officer in regard to the patient's general condition) decide on the treatment which is necessary." A lot of water has flowed since these things were said and written, but it is not to be imagined that any of these bodies would retract now from what they said then. Certainly Leicester, one of the constituent members, has made every effort to conform.

The duty laid on local health authorities sketched out in paragraphs 16, 17 made two great assumptions, that not only would the existing school dental staff remain inviolate but that there would be the means and opportunity to expand that service to meet all comprehensive requirements. We all know what has happened to those assumptions and the resultant consequences of the working of the Act have been discussed locally and nationally *ad nauseam*. In spite of everything, both

authorities in Leicester, Health and Education. bent their energies during the year, not only to maintain the service at its existing level but looked for ways and means of expanding it. The gross disparity of earnings between public and general dental service practice was the obvious nigger in the woodpile and, in the absence of a national agreement, something had to be done locally in the nature of temporary bridging. This was done and we suffered only one casualty in the process, later to be replaced by a part-time appointment. Many thanks indeed are owing to the Medical Officer of Health, the Director of Education and the financial authorities in the city in conducting these negotiations which, for them, contained some very awkward implications. A considerable gap still remains but we have got to the point now where it can be reasonably said that the dental officers who elect to remain in the service do so, irrespective of age, from vocational reasons, the most desirable reasons of all.

The expedient of doing extra evening sessions for Maternity and Child Welfare dental work was put up to the dental staff and their attendants. In principle, this is not in accord with the recommendations of the Spens Committee which formulated a 33-hour chairside week for 46 weeks in the year. These are the hours which the dental staff in Leicester has worked for many years and, having regard to the exacting nature of the occupation, they are wise and reasonable. For the older ones among us they are ceiling hours. However, three members of the staff with three attendants volunteered to do this extra evening work. The sessions for the dental officers are of two-hour duration and for the attendants, three hours. Each dental officer engaged to do two sessions each per week and we got started with this scheme in September, 1949. We now had up to 11 sessions per week which were exactly half of what we had estimated should be required. We decided that only adult patients would be seen during the evening, very young children would, as formerly, be seen during the day sessions.

We have, unfortunately, only four surgeries suitable for this work, one each at London Road and Cort Crescent and two in the new premises at Overton Road. They are suitable only because they have their own accommodation independent of schools or other services. It is of interest to report here the nature of the demand flow. There is a steady stream of patients for both Cort Crescent and London Road as both these clinics serve the estate areas of the New Parks, Braunstone and Saffron Lane districts. Medical and dental services have not been concomitant with the movement of population to these areas. On the other hand, the demand for Overton Road has not been so insistent

and I am informed that the attendances at the ante-natal clinics in this comparatively static and well-doctored area have fallen off considerably. This, in a way, has been disappointing for obviously the dental work necessary will not have diminished in any way but simply it does not now come within the scrutiny of our own officers. They may, of course, be treated under general dental service arrangements but there are no means of confirming that. I do know, however, that a number of general service practitioners do give priority to such cases as are referred to them by medical practitioners.

In this latter connection an interesting development occurred towards the end of the year. Members of the Leicester Local Dental Committee, noting with concern the trend of events and the difficulties of providing an adequate service for the so-called priority classes, on their own initiative agreed to approach the Local Health Authority to see whether they could help in any way. The co-option of a general dental service practitioner to the Maternity and Child Welfare Sub-committee had been agreed to and this very helpful liaison was carried out by Mr. Everard Turner who has been taking a great interest in this and other phases of preventive dental work. The local dental committee appointed a deputation of four to meet the Medical Officer of Health and the appropriate officers of the authority to discuss the project. It was suggested on the dental side that they should circularise all their constituent members inviting them to take part. They were prepared to advocate work on a rota basis up to five weekly sessions in our own available clinics and to accept the same remuneration as our dental officers were receiving for evening sessions. It is well known how congested dental practice is, yet 18 of the city dentists volunteered to accept service under these conditions. In order to allow ample margin of time for arrangements on both sides to be made, it was decided to put the scheme into operation early in 1950. When the matter was laid before the Health and Education Committees, it met with ready approval and unanimous appreciation.

Before the end of the year, the Education Committee considered and approved one other proposal which affected both services. The denture supply position had become very difficult. The public demand was phenomenal and flooded out all dental workshops and laboratories. The firm which had been doing our work for many years, and very satisfactorily, did what they could to give a degree of priority and we are very grateful to them. Even so this arrangement was not working well and it was proposed to set up our own service, appoint an experienced technician and an apprentice, and fit up the room provided at Overton Road with the necessary equipment. The Education Committee

approved these measures and we were fortunate in securing the services of a technician who has had considerable experience in all branches of the work at the Eastman Clinic and the Royal Free Hospital, London. It was arranged for him to commence duty early in the New Year. The equipment position for these four clinics was also considerably improved. There are now four modern dental units installed and the substitution of new adult, upholstered chairs instead of the small wooden clinic types was under consideration and approval for their purchase in 1950 was being sought. X-ray facilities are available at Richmond House if needed. From all these factors it will be seen that a service has been provided in spite of difficulties and what might have been a year of complete frustration was not permitted to be.

Treatment has been as formerly but one major factor is still lacking. It has not been found possible to arrange for routine inspection at the ante-natal clinic by the dental officers. Until this can be done under better staffing conditions, a clear statistical picture is unobtainable. Medical officers do, however, invite their patients to have a dental examination irrespective of whether they consider it necessary or not and provision is made at the ordinary treatment sessions for such consultations. It may be that gradually the General Dental Service may absorb much of this work but unless and until that happens, the Leicester Authority will, as always, do its best to provide as adequate a service as the conditions will allow.

A. J. SUTHERLAND, L.D.S.

MATERNITY AND CHILD WELFARE, 1949

Details of Treatment, etc.	Pre-School Children	Adults	Total
Sessions devoted to Treatment (Half-days)	262		262 (226)
Patients treated . . .	223	305	528 (366)
Daily Attendances . .	288	1,269	1,557 (1,473)
Extractions—Permanent Teeth	—	1,555	1,555 (1,520)
Temporary Teeth	357	—	357 (157)
Anaesthetics given—Local	200	418	618 (468)
General	12	50	62 (40)
Fillings—Permanent Teeth	—	204	204 (112)
Temporary Teeth	52	—	52 (16)
Root Fillings . .	—	—	— (1)
Scaling	—	110	110 (50)
Dressings	18	122	140 (153)
X-Rays	—	—	— (1)
Prosthetic Dressings . .	—	498	498 (712)
Dentures	—	158	158 (223)
Patients to whom dentures have been supplied . .	—	98	98 (137)
Denture repairs	—	6	6 (7)
Consultations	28	75	103 (90)

(1948 figures in brackets)

During the year 400 patients failed to keep their appointments.

(b) Forms of Dental Treatment provided :

	Extrac- tions	Anaesthetics		Fillings	Scalings or Scaling and gum treat- ment	Silver Nitrate treat- ment	Dress- ings	Radio- graphs	Dentures provided	
		Local	General						Com- plete	Partial
Expectant and Nursing Mothers	1,555	418	50	204	110	—	*620	—	158	—
Children under five ..	357	200	12	52	—	1	. 18	—	—	—

* Includes prosthetic dressings

Report of the City Analyst

For the Year 1949

By

F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.

(Public Analyst and Official Agricultural Analyst)

To the Chairman and Members of the Health Committee :

I beg to submit the Annual Report of the work carried out in the City Laboratory, Health Department, for the year 1949.

A total of 6,020 samples was examined as set out in Table A. This table and others on special branches of the work are grouped together at the end of the report.

Staff

No special changes in staff occurred during the year. It was found necessary early on to obtain more clerical assistance, and Miss J. L. Brewin was appointed in August as second typist in accordance with the permitted establishment of the department. Towards the end of the year, Mr. W. A. Cregeen, the Deputy Analyst, was appointed as Deputy for the County of Somerset, and we have up to the time of writing (July, 1950) not succeeded in filling the vacancy thus made.

Milk

During the year many samples of milk were examined from various aspects, but only 351 official samples were taken under the Food and Drugs Act specifically for chemical examination. Of these, 205 were taken with the full formalities of the Act, and 28 of them were reported as unsatisfactory either by reason of fat deficiency or deficiency of solids-not-fat. Of the 146 informal samples, 26 were reported as unsatisfactory, the trouble in most cases being fat deficiency ; generally speaking, this was attributed either to uneven intervals of milking or to the specific breed or condition of the cow.

1,141 samples of milk taken under the Milk (Special Designations) Order, 1936, and Milk (Special Designation) Regulations, 1949, for bacteriological quality were also examined chemically, and of these 44 were reported deficient in chemical composition. It was on the result of the analyses of these unofficial samples that many of the official ones were taken; hence the higher percentage of adulteration in the official samples (15.4 per cent.) than among the unofficial ones (3.85 per cent.).

The unsatisfactory samples are set out in Table C. There was usually some reasonable explanation for the fat deficiency or the deficiency of solids-not-fat, and where the presence of added water was established the general evidence in most cases was that this water had "arrived" during cooling, or in being transferred from one churn to another, and was not added deliberately for the purpose of making extra profit.

The problem always arises how best to deal with the vendors of unsatisfactory samples.

The function of the Public Analyst is to protect the public in the matter of the quality of their food supply by detecting anything that may be amiss, and directing the attention of his Committee, and of all others immediately concerned, to curable faults so that remedial measures may be taken.

A mechanical administration of the food laws with routine prosecutions in the case of all infringements is not necessarily the best procedure nor, indeed, always warrantable. There are often circumstances other than the committal of deliberate adulteration which give rise to poor samples, and our practice is to resort to legal proceedings only where less drastic measures would be a waste of time. The action taken in the case of the faulty milk samples was usually to get some sort of advice given to the farmer concerned, co-operating with him through the Sanitary Inspector in advising how to overcome the trouble.

In some cases the advice would be to milk at more equal intervals, or to introduce a few Channel Islands cattle into the herd to raise the average fat content of the bulked milk derived from a herd consisting mainly of Friesians.

Only in the instance of one series of milks were proceedings instituted. The first inkling of trouble here was Sample No. 4627, taken as a bacteriological sample. On chemical examination this sample was found to be low in solids-not-fat, and the freezing point determination confirmed the presence of at least 3 per cent. of added water. Three

informal samples were taken a few days later (Nos. 4532, 4541 and 4544). These again gave definite evidence of the presence of extraneous water. It was recommended that the plant be investigated and follow-up samples taken formally. This was done and Samples Nos. 4546, 4547, and 4548 were found to contain 10.2 per cent., 2.2 per cent., and 5.1 per cent. of added water respectively. The vendor was fined £2 on each sample and ordered to pay two guineas costs, and he admitted in Court that the cooler had been leaking. He produced a plumber as a witness, who confirmed that the leak, which presumably during the time of its existence had been continuously introducing water into the milk, had been repaired.

The freezing point test was made use of in 62 samples during the year. In 19 cases it proved the presence of added water, and in the remainder exonerated milk vendors from suspicion. In a few cases, unfortunately, one still has to report that while the freezing point does not prove the presence of added water, its figure (when round about -0.530 deg. C.) is not inconsistent with the possible presence of two or three per cent. of added water.

It is small consolation to the consumer of low quality milk (if he ever considers the matter at all) to be told that the poor quality was due to the shortcomings of some particular cow, and that the milk had not been adulterated by man. The best remedial action to be taken would be to base the price of milk according to its quality ; this matter, has in fact, been proposed and discussed for many years, but up to the present, no means of putting it into practice have been developed.

No cases of added preservative were detected and no visible dirt was encountered in any of the samples. The general conditions of milk production are, no doubt, definitely improving year by year under the impact of education in hygiene, and it is to be hoped that this good work will continue. Table E shows the satisfactory bacteriological quality of the various grades of milk examined by bacteriological technique, and Table L shows the very efficient procedure now used for pasteurising in the local dairies. Only two samples out of 1,409 revealed inefficient pasteurisation and this is as near 100 per cent. as makes no matter.

Defective Samples other than Milk

These are set out in Table D.

A sample of bread, No. S.71, submitted privately, contained a whole cockroach embedded in the crust. Such occurrences as this are regrettable and justify complaints by the unfortunate purchaser and more unfortu-

nate consumer. It is difficult to see how occasional happenings of this sort can be completely eliminated, and we can only exhort the firms concerned to do all they can to minimise the possibility of food thus rendered unsatisfactory, getting on to the market. Another sample of bread, No. S.80, had dark foreign matter on the crust, which was evidently loosely attached material derived from a baking tin. This again rendered the bread unsightly, and at least caused the sample to be "not of the quality demanded". A careful inspection of the tins every time they are used, and more thorough cleansing after use, would appear to be all that is necessary to forestall this type of contamination.

A sample of cooking fat, No. S.70, was sold by retail as a substitute for lard, but gave disappointing results in cooking. Analysis showed that it was a stable emulsion containing only 17 per cent. of edible oil and 83 per cent. water ; it was an uneconomic product to buy at 3s. 0d. a pound, and appeared to be a preparation designed for use in the baking trade only, and not for retail distribution. Sample No. 2211 was a similar proprietary fat substitute, and in spite of the claims made for it, it is difficult to see how any preparation containing 83 per cent. of water can have been a good substitute for its own weight of cooking fat. We suspended the material from further retail sale while the matter was taken up between the supplier and the Ministry of Food.

Sausages

Six samples of sausage during the year were reported against, four for deficiency of meat and two for containing the presence of sulphur dioxide preservative not covered by a suitable declaration. Cautionary action was taken in every case.

Samples No. 2245 to No. 3958, as set out in Table D, were a proprietary brand of baby cereal in which the protein content was declared on the packet as 13.7 per cent., whereas analysis showed that the material contained only about 10 per cent. protein, and was on one occasion as low as 9.55 per cent. After considerable correspondence, in which the firm claimed they were unaware that oats existed having such a low protein content, they promised to amend the label. This, however, they were slow to do, and it was necessary, after allowing a period of grace, to take further samples and threaten proceedings before they finally honoured their promise to amend their declaration to 10 per cent. protein.

No. 3970 was a packet of sweetened cake flour mixture obtained in the ordinary course of sampling, which was found to be infested with

grubs and their excrement, rendering the food unfit for human consumption. The material, as might be expected, had had a long shelf life. The action taken was to destroy the whole of the consignment. Sample No. 4512, was a sweetened cake mixture having a sugar content of 25.6 per cent. At the time when this sample was in hand, we received the Ministry of Food publication, "The Advertising, Labelling and Composition of Food", in which we learned for the first time, that a code of practice existed requiring such cake mixture to contain a minimum of 30 per cent. sugar. As this standard could not be enforced legally, the matter was referred to the Ministry of Food for their consideration. In due course a copy of a letter from the manufacturer to the Ministry was received saying that the manufacturer had accepted the complaint and had issued drastic instructions to the mixers to take all steps to avoid the occurrence of such errors in the future.

Sample No. 4660 was a packet of Italian Gruyère cheese, in which crystals of a considerable size were embedded. These were identified as hydrogen-di-sodium-orthophosphate. This chemical, we understand, is used as an emulsifying agent, and although the crystals appeared to have grown *in situ* and were not injurious to health, their presence as hard inclusions rendered the cheese not of the nature demanded. Ignorance of their nature would cause many would-be consumers to reject the cheese. The Ministry of Food was advised and undertook to make the necessary representations direct to the exporters.

Sample No. 4570 was a brand of oatmeal in which the fatty matter was found to consist almost entirely of free fatty acid. The extreme development of acidity in the sample was no doubt due to exposure during a long period of storage, and in our opinion, rendered the article unfit for human consumption.

A sample of gelatine, No. 3435, contained 60 parts per million of copper, whereas according to the standard laid down for edible gelatine, the amount of copper contamination should not exceed 30 parts per million. The vendors learned from their suppliers that the material was supposed to be blended with copper-free gelatine, to bring the final product below the permitted maximum figure, but that trouble had occurred in the mixing machinery. The suppliers readily collected up all the faulty material and replaced it.

A sample of mild beer, No. 4353, had a very low original gravity, viz., 1025.9. This seemed suspiciously low strength, and although there was no current legal standard, we felt it was worthwhile drawing the attention of the brewer to the sample as the gravity was well below the

prevailing average. The brewer was glad of the information, and took the necessary action to get beer of higher gravity distributed to his customers.

A sample of American cream soda, No. S.86, was cloudy and thereby abnormal in appearance. The cloudiness was found to be due to Gram positive bacilli, and of course, the number present was enormous. The manufacturer had been experimenting with a new type of sweetening agent, and decided that the experiment was not a success when he received our report.

Sample of Biscuits, No. S.73

This sample consisted of five wafers cemented together by a brown mixture tasting of chocolate. The biscuits were sold at 3d. each in the local market place by a "casual" stallholder. Calculating from the average weight of three biscuits, the price charged was equivalent to 7s. 4d. per lb.; an absurdly high price considering the nature and crudity of the product. A similar sample, No. S.75, consisted of four of the same biscuits, and the average price worked out at 8s. 7d. per lb. At that time the ceiling price for flour confectionery was 2s. 6d. per lb. Had the sample been regarded as sugar confectionery it would again have been subject to licensing and price control. It would appear that the maker had detected a loophole in the various regulations by which he could make this commodity and sell it unrationed and at an exorbitant price with complete impunity. In these difficult cases the remedy seems to rest with the public in that they should be more discriminating in the foodstuffs on which they spend their money. Sample No. M.357, described as whipped cream marshmallow was another variation on the same theme consisting of a wafer cup filled with a sweetened compound and sprinkled with chocolate, each one weighing less than half an ounce, and commanding the price of 4d. The price worked out at 11s. 7d. per lb. for what had every appearance of being an inferior article. It is no doubt difficult to prescribe controls to forestall every ingenious idea of the "spiv" fraternity; and as in the previous case, where catch-penny lines are obviously designed to evade the current regulations, the remedy is in the public's own hands.

Labelling

The interest in the question of labelling pre-packed foods is considerable at the present time, and all labels are scrutinised for their compliance with the Labelling of Food Order, 1946. In one instance, an Italian ice cream vendor was found to have worded his wrappers "Minimum net

weight $2\frac{3}{4}$ fluid ounces". As the average purchaser is more interested in what is inside an ice cream wrapper than in the printing on the outside, we did no more in this case than draw the attention of the Ministry to the difficulty that a foreigner occasionally encounters with the English language !

Another instance of wrong labelling occurred with a well-known brand of porridge oats. The iron content was declared to be 1.8 "grammes" in an average helping, in mistake for "milligrammes" ; that is, his declared figure was 1,000 times too high. As the packer had further supplied the information that this amount of iron was 18 per cent. of a normal adult's daily requirement, we pointed out that this put the daily requirement at 10 grammes, or the iron content of 15 razor blades. On the same label, the packer had ascribed to the final porridge, the nutritional value of the milk normally added to it. We suggested that this was quite contrary to the spirit of modern food advertising, and he submitted an amended legend for his packet, to which we took no exception.

Sample No. S.96

This was purchased as a sample of marmalade, but the label only bore a proprietary name which did not include the word "marmalade". The omission of the name of the product "marmalade" and the absence of the packer's name and address were infringements of the Labelling of Food Order. The manufacturer agreed through the Ministry of Food to include the necessary particulars immediately for all goods leaving the factory.

Sample No. 2535

This was a dry coffee extract, and was sold under a proprietary name, but described as 100 per cent. pure coffee. After our representations it was made clear by the packer on an amended label that this was a derivative of the soluble products of coffee plus lactose in admixture.

Measly Beef

We had occasion during the year to examine a number of specimens of carcass meat submitted by the meat inspectors. The problem was to confirm or disprove the presence of *Cysticercus bovis*, the larval form of a tape worm *Taenia Saginata*, to which man acts as a host.

This condition of "measly" beef had fortunately become comparatively rare in home-killed beasts during recent years, as a result of

improved sanitary conditions, and the increasing efficiency of the organisation for meat inspection ; but a recrudescence of the trouble occurred in 1949. The origin was said to be the presence of displaced persons, from central and eastern Europe where the infestation is rampant, engaged on agricultural work in this country.

Cysticercus bovis may occur in bovines of any age beyond that of the suckling stage, the cysts occurring mainly in the head, tongue, and heart muscles. Thorough cooking of this contaminated meat destroys the *Cysticercus bovis*, but the danger lies in foods, such as sausages, being eaten in a semi-raw state, when the consumer will thereafter act as a host to the adult tapeworm developing from any live cyst which may have been present.

The inspection carried out at the slaughterhouse became particularly rigorous when the parasite was known to be prevalent, and specimens from suspected carcasses were sent to the laboratory for confirmation by microscopic examination.

Of 46 samples submitted, *Cysticercus bovis* was confirmed in 17.

Ice Cream

Altogether 217 ice cream samples were submitted by the sanitary inspectors for examination, and figures relating to their composition are set out in Table N. The general indication is that the food value of ice cream is improving.

At the present time there are no official standards for the fat and total solid content, but in certain cases where the Ministry of Food has made additional allocations of fat and sugar to the manufacturers, the latter have been required to sign an agreement that their products will have a minimum fat content of 2.5 per cent. ; 97 per cent. of our samples did in fact exceed this figure. All the results of the ice cream analyses are forwarded to the Ministry of Food for their attention.

A recommendation has recently been made by the Food Standards Committee that an interim standard of composition be established for ice cream of 5 per cent. fat, 10 per cent. sugar, and 7.5 per cent. milk solids other than fat, and it is to be hoped that this will be accepted.

All the samples were examined for metallic contamination and in no case was there an excess. The highest amounts of zinc and iron found were 20 parts per million and 30 parts per million respectively, these metals being derived from the containers. Considering that the zinc content of natural foods such as wholemeal flour, egg yolk, tea and beef

liver, may be up to 100 p.p.m., while oysters may reach 600 p.p.m., the contamination in these ice creams may be regarded as negligible. No lead or arsenic was detected.

Drugs

Only two samples of drugs were found unsatisfactory during the year. One was a sample of hydrogen peroxide, No. 2279, which was deficient of 40 per cent. of the declared amount of available oxygen. The other was tincture of iodine deficient of 40 per cent. of the required amount of potassium iodide. The vendor of the hydrogen peroxide withdrew the rest of his stock from sale, and the vendor of the tincture of iodine put on a substitute pack of the correct composition.

Fertilizers and Feeding Stuffs

Fifteen samples were received during the year and are set out in Table G. There was no serious departure from the declared analysis in the case of any sample.

One ammonium sulphate, No. 49/FF/14, contained 20.7 per cent. nitrogen, whereas the declared amount was 20 per cent. with a permissible error of plus or minus 0.3 per cent. The sample, therefore, contained 0.4 per cent. of nitrogen in excess of the limit of variation permitted, but this was reported as "not to the prejudice of the purchaser".

Another sample of ammonium sulphate, No. 49/FF/11, was declared as neutral but actually contained a small amount of free acid. The vendor was cautioned. This also applied to Sample No. 49/FF/13 in which the free sulphuric acid amounted to 0.03 per cent. Free acid is objectionable, not so much from the point of view of its effect on the soil, but because it rots the bags in storage.

Sample No. 49/FF/12 had a defective declaration in that no reference of any sort was made to the presence or absence of free sulphuric acid. The amount actually present was 0.05 per cent.

One sample of National Growmore fertilizer, No. 49/FF/7, was reasonable in composition, but no statutory statement accompanied the sample, nor was there any mark on the parcel giving required details of composition. A warning was issued.

Another sample of compound fertilizer, No. 49/FF/5, provided a somewhat tricky point. The declared amount of potash was 0.21 per cent.; the amount actually found present was 0.08 per cent. It was pointed out to the manufacturer, that since the limit of variation

permitted for the potash content of such a fertilizer was 0.3 per cent., the sample would still have complied with the declared analysis had it been entirely devoid of potash. Moreover, in the layout of the declaration which was printed on the bag, the 0.21 of potash was written out of line with the figures specifying the amount of nitrogen and phosphate, and could have been taken to indicate, by a non-discerning purchaser, that there was actually 21 per cent. of potash present. These facts were pointed out to the supplier who undertook to make arrangements to have the bags reprinted in such a way as not to be misleading.

Swimming Bath Waters

The summary of samples and results of analysis given in Table F indicate the very satisfactory condition in which the local swimming baths, both those run by the Corporation and those privately owned, were maintained throughout the year.

The list of samples recorded does not represent by any means the entire amount of supervision exercised by the Department with regard to the safe quality of the water in the local swimming bath establishments. Frequent interim visits are made by us during week-ends or summer evenings; if, as is usually the case, the water is clear and sparkling in appearance, a perceptible smell of chlorine is present in the atmosphere, the bathers are non-complaining, and the attendants are happy, we feel it safe to conclude that all is well for the time being, and unnecessary interference is undesirable. In technical points connected with treatment or testing, we are frequently consulted and anxious to give help where possible.

The adoption of break-point chlorination at the Corporation Swimming Baths seems to have proved very successful. It is an unexpected circumstance that a higher residual of chlorine can be tolerated when it is present in the free condition than it was formerly in the combined condition before break-point was put into operation.

Formerly we adopted as a local standard a maximum residual of 0.5 parts per million chlorine, since experience showed that under these conditions the water was usually freed from dangerous organisms, and if the figure was exceeded, some bathers experienced singing in the ears and other symptoms. Under the present method of treatment, all organic impurities that might colour the water or introduce a smell are completely oxidised and it is found that a residual of as much as 4.0 parts per million can be tolerated without discomfort. This higher residual is all to the good, as it gives a greater margin of safety at all

times and constitutes a reserve on occasions when the bathing load is exceptionally variable. The only hazards are a possible alteration in the colour of some of the costumes, and perhaps a tendency to bleach some of the brunette swimmers !

Drinking Water

The quality of the public water supply is a main factor in the realm of public health, and a considerable proportion of the resources of the laboratory are placed at the immediate call of the Water Engineer for any examinations that may be considered necessary or desirable.

In all, 671 samples were examined, and the close contact maintained with the Engineer and his staff, made it possible for a treatment to be adjusted or a reservoir to be thrown out of use with a minimum delay if for any reason it was considered necessary.

All samples representing water as being provided to consumers were again reported as safe for drinking purposes ; and where a sample suggested any abnormality in the quality of the supply, further investigations by inspection or analysis was immediately carried out to trace the cause.

No major problem occurred during the year. The use of copper piping instead of pipes made of lead for service connections has many advantages, and in fact, with the present shortage of lead, has to be adopted. In only one instance did this substitution appear to be involving any difficulty. Traces of copper were found in the water, but was later found to be due to local conditions. No evidence emerged suggesting that the more general use of copper for this purpose was undesirable.

One or two series of samples were taken in connection with the treatment of reservoirs with chemical algicides. Although the method of distribution by rowing boat may appear primitive, the examination of samples showed that it was effective in giving a fairly uniform treatment and was, therefore, not necessarily to be rejected because of its simplicity. The later use of an outboard motor which enabled one reservoir to be treated completely in a day possessed certain advantages and is now a regular practice.

A number of waters were examined on behalf of the Health Committee ; in particular, a daily sample is taken from the laboratory tap for an abbreviated bacteriological examination. Certain County authorities send in samples of well water from time to time and these are accepted and a commercial charge made.

The water samples are classified according to their origin and purpose and are included in Table H.

Petrol

The rationing of petrol, being one phase of the diminishing freedom of the general public, created a small upheaval in the social life of the country. A car in the garage with an empty tank, for many people, meant the very height of frustration. Great ingenuity was shown in finding out substitutes for, or alternatives to, orthodox petrol; and even greater imagination was exercised in thinking out excuses for applying for supplementary allowances. The number of people, for instance, who suddenly realised that their aged parents depended for their happiness in life on regular attendance at some remote church, only approachable by private car, was considerable. Ultimately, illicit trade in coupons developed beyond all reasonable limits, and in 1948 the Motor Spirit (Regulations) Act, the Motor Fuel (Control) Order, and the Motor Spirits Regulations, were brought into force as measures to check the irregularities that were then rampant.

Under this group of enactments, two types of petrol were defined, "private" and "commercial", the latter being distinguishable from the former by being coloured and treated with secret chemicals, according to a recipe worked out by the Government Analyst. Special coupons were available for each type of petrol, and it was one of the main offences under the Act for private users to acquire, or use, commercial petrol for private purposes.

Public Analysts were appointed authorised analysts under the Act, and the general administration and sampling was in the hands of the Police. Although the Act came into force on the 1st June, 1948, no great volume of sampling took place until the year under review in this report; the samples submitted, with the results and action taken, are set out in Table Q.

With the introduction of the red dyed commercial petrol, ingenuity was called into being to convert this variety, which was fairly easily obtainable, into something which was not readily distinguished from private petrol. Although mere removal of the colour was easy, the secret ingredient by which the petrol could be identified was not so easily removed. However, a number of optimistic motorists whose "basic" was not quite adequate, were content to get the appearance right, and from time to time we received interesting specimens of articles which had been used for removing the colour. A new race of alchemists

appeared who variously experimented with lime, coke, charcoal, brick-dust and a powder obtained from old carbon brushes off electric motors. One visualised the old illicit whisky stills giving place for the time being to petrol stills operated in out-of-the-way premises. The penalties for offences against the Act were heavy, and many previously blameless citizens suddenly found themselves criminals of no mean calibre.

In due course, a weak point was revealed in the Act, and it was not easily possible for authorised analysts to swear on oath that commercial petrol was, in fact, being used. Amending Regulations came into operation on the 28th October, 1949, under which other chemicals which gave the same reaction by the prescribed test as the original di-phenylamine, were forbidden.

When rationing came to an abrupt end on the 27th May, 1950, satisfaction was almost universal. In particular, people who were still taking risks, or who were already defendants in cases that were pending, became restored, at a stroke of the pen, to their former innocence.

Perhaps the only people who viewed the cessation of rationing with mixed feelings were the authorised analysts who had but recently, at the instigation of the Ministry of Fuel, installed expensive apparatus for their tests, only to find that it had become more or less a "white elephant" overnight.

Atmospheric Pollution

Monthly determinations of the atmospheric pollution in the city have again been made throughout the year. The single Standard Deposit Gauge located on the Town Hall roof has been in continuous use, and the figures obtained are given in Table P. It is observed that the total deposit in tons/sq. mile/month has again increased slightly, which may be an indication of the quality and/or quantity of the coal now being burned both domestically and industrially.

Table O shows the monthly variations in the amount of sulphur dioxide in the atmosphere. As may be expected, the purity of the air in the vicinity of the Westcotes Maternity Home is greater than that in Grey Friars.

Conclusion

While dealing with samples as they arrive daily, and sometimes hourly, throughout the year, the Public Analyst gets little opportunity of reflecting on the general trend of his work, its significance in the life of

the community, and upon the changes in conditions and customs that may have some bearing on its development.

The occasion to take a few hours off from the daily routine in writing this Annual Report provides an appropriate opportunity to look at the work in some sort of perspective, to review briefly the past and to cast a glance towards the future.

The concept of Public Analysts occurred in the 1860's when there was no dearth of evidence that all was not as well as it should be in the matter of food and drugs on sale to the public ; but reform in these matters made a slow start for the simple reason that only isolated practitioners were available who possessed the necessary competence and experience.

Bearing in mind the simple character of their apparatus, the limited range of their reagents, and the almost complete absence of technical literature, we their successors, take off our hats to the early pioneer Public Analysts. With little encouragement and for small reward they plodded away to expose to daylight the crude forms of adulteration then being practised, and commenced the process of debunking the unwarranted claims made for many preparations on sale. They developed the science of analytical chemistry at their own expense, devised their own processes, and produced their own literature, thus beginning the slow process that ultimately made possible the greatly improved standards prevailing today in the quality of the foods and drugs available to the public.

So much for the reasonably glorious past.

With regard to the present, although the Public Analyst is far from complacent about the existing state of affairs, and is in fact in many ways dissatisfied and highly critical of his organisation, he nevertheless realises that there is much to be thankful for.

For one thing, the public, who curiously enough, in the past have shown a morbid fascination for worthless products as long as they were attractively packed and glamorously advertised, are now becoming more enlightened in matters of food. They dislike having their illusions shattered, but they are beginning to appreciate the bearing that pure food has upon their health, and honest food on their pockets. As the Public Analyst is virtually responsible for bringing about these things, he has come to be more acceptable, and his existence is less begrudged than H.M. Inspector of Taxes, for instance.

In the second place, as one consequence of the increasing knowledge of nutrition, important sections of the Ministry of Food have been deputed to bring up to date the law on food questions, to introduce definite standards of composition, and to fix limits for impurities. The Ministry has also dealt with the question of labelling and advertising, and has in fact done some excellent work in this direction. The result is that a Public Analyst no longer works, as it were, *in vacuo*, having to pit his own opinion against that of the defence, but has a good deal of official backing which enables him to assess his problems with more precision.

In the third place, the Royal Institute of Chemistry, has regularised the standard of competence of Public Analysts, and has played its part in ensuring that facilities are provided for the training of necessary recruits to the profession.

There are, on the other hand, some notable weak points in the present position which occasion concern. Generally speaking, Public Analysts have fallen sadly behind in the economic scale, and frequently have the depressing experience of seeing promising young analysts go off at a tangent into industry, teaching, and other professions, just as they are accumulating the specialised experience which is a necessary complement to their basic training to make them good future Public Analysts.

There is one outstanding technical anomaly which has been commented upon a good deal recently. The mass production of foodstuffs accompanied by nationally-wide advertising has resulted in identically similar articles being obtainable almost anywhere between Land's End and John O'Groats. As the situation is at present, every Public Analyst is liable to sample the same product, which is not only inefficient in that it entails duplication of work, but where prosecutions are made, may lead to uneven standards of justice being applied in different parts of the country. The manufacturers have to attempt to clear themselves in the eyes of the law many times for what is virtually the same offence. This is typical of a number of matters which Public Analysts themselves are conscious of and hope to see put right.

The next few years may possibly see radical changes in the organisation. Some revolutionary suggestions are being put forward that the *status quo* should be scrapped and replaced by a few regional laboratories, but the matter needs very careful consideration. In theory, laboratories organised in larger units would make for great efficiency and, indeed, only those beyond a certain minimum size could justify all the necessary equipment. But the work of the Public Analyst has always had, and still

retains, a good deal of local character, and matters can often be put right by personal contact where official action from a remote centre would not achieve the desired effect. The analyst should begin to lose the "one guinea per sample" mentality and be regarded as a consultant to his local authority on all chemical matters. Given a direct approach to the various committees with which he comes into contact, adequate accommodation and equipment, and sufficient suitably trained staff to make some degree of specialisation possible, the present organisation has many years of useful work before it.

Problems concerning water supply, sewage disposal, atmospheric pollution, and similar matters, will always arise ; while short of some radical change in human nature the percentage of adulterated samples of food and drugs, either as a result of fraud, misunderstanding, or accident, will not go down to nil.

Until that desirable state of affairs comes about, the public will need, and possibly demand, expert protection of the kind which is at present associated with the Public Analyst.

F. C. BULLOCK
City Analyst.

TABLE A

Summary of Samples Analysed during 1949

Food and Drugs Act, 1938 :

Samples submitted by Sanitary Inspectors	1,001
Samples submitted by the Public ..	32
Shellfish (Bacteriological Samples) ..	24
	— 1,057

Bacteriological Milk Samples examined for chemical composition	1,141
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Fertilizers and Feeding Stuffs Act, 1926 :

Samples submitted by Sanitary Inspectors	15
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Rag Flock Act, 1911	—
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Milk (Special Designations) Order, 1936	887
Milk (Special Designation) Regulations, 1949	254
Milk (Phosphatase Test)	1,245
Reference Samples	41
Atmospheric Pollution Samples	37

Miscellaneous Samples from other sources :

Health Department	426
Water Department	671
Miscellaneous	246
	— 1,343

Total	6,020
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TABLE B
FOODS AND DRUGS ANALYSED DURING 1949 :
(Sampled by Sanitary Inspectors under the Food and Drugs Act)

Foods Analysed :

Sample	No.	Sample	No.
Milk	351	Macaroni	2
Betox	1	Mayonnaise	1
Baking Powder	12	Margarine	5
Baby Foods	30	Marmalade	1
Bacterase	1	Mincemeat	2
Baby Cereal	8	Ovaltine	3
Beef Sausage	9	Oatmeal	1
Beer	7	Oysters	1
Butter	5	Pickles	6
Coffee (Ground)	16	Pastries	4
Coffee ("Cupkaff")	1	Pudding Mixture	2
Cookex Fat	1	Pepper (White)	1
Cinnamon	1	Pudding (Christmas)	2
Corned Beef	2	Potted Meat	1
Condensed Milk	6	Rice	2
Cider	3	Raising Powder	3
Cheese	12	Soup Powder	1
Cocoa	8	Soya Flour	1
Custard Powder	13	Salad Cream	5
Cakes	6	Sauce	6
Crunchets	2	Sausages	10
Cream Meringues	2	Soft Drinks	20
Cooking Fat	2	Sandwich Spread	1
Cod Roe Spread	1	Semolina	2
Dried Eggs	4	Saccharins	4
Flour	1	Sugar	4
Fish Paste	1	Sponge Mixture	1
French Meat Paste	1	Sweetened Cake and Bun	
Frusima	1	Mixture	9
Ground Ginger	5	Sherry	1
Gelatine	11	Tea	10
Ginger Wine	1	Tapioca	1
Honey	3	Tinned Fish	7
Ice Cream	217	Tomato Ketchup	6
Iced Cake	1	Tomato Sauce	1
Jam	6	Tonic Wine	1
Jam Tarts	3	Vinegar	13
Jelly Cream	1	Vermicelli	1
Lemon Curd	1	Whisky	1
Lemonade Crystals	1		—
Lard	3	Total	929
Mussels	23		—
Meat Paste	2		

TABLE B—Continued

Drugs Analysed :

Sample	No.	Sample	No.
Aspirin	3	Olive Oil	4
Aspro	1	Phensic Tablets	1
Borax	1	Phenobarbitone Tablets	1
Bicarbonate of Soda	6	Soda Mints	2
Cough Mixture	3	Tincture of Iodine	8
Epsom Salts	13	Vitamin "C" Tablets	1
Formaldehyde Solution	6		—
Glauber's Salts	6	Drugs	72
Glycerin	6	Foods	929
Hydrogen Peroxide	7		—
"Koray" Tablets	1	Total Food and Drugs	1,001
Medicine	2		—

TABLE C. Milk Samples "Not Genuine"

Sample No.	Article		Formal, Informal or Bacterial	Nature of Offence	Action taken
2563	Milk	.. ..	Formal	Deficient of 3% Solids-not-Fat and contained 4% added water	Cautioned by M.O.H.
2479	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 6% Fat	Reported to Chief Sanitary Inspector
2484	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 6% Fat	do.
2427	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 10% Fat	do.
2228	Milk	.. ..	Informal	Deficient of 10.6% Fat	Cautioned by M.O.H.
2745	Accredited Milk	.. ..	Bacterial	Deficient of 8% Fat	Reported to Chief Sanitary Inspector
2769	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 13% Fat	do.
2770	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 10% Fat	do.
2772	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 11% Fat	do.
2912	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 7% Fat	do.
592	Pasteurised Milk	.. ..	Bacterial	Deficient of 2.23% Fat	do.
3003	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 1.6% Solids-not-Fat	Reported to Chief Sanitary Inspector and Area Milk Officer, Nottingham
3021	Tuberculin Tested Milk	.. ..	Bacterial	Deficient of 1.3% Solids-not-Fat	do.
2856	Milk	.. ..	Informal	Deficient of 7.1% Solids-not-Fat and contained 11% added water..	Methods of milking, including interval times, were investigated, and the farmers advised on appropriate action to take to avoid future deficiencies
2857	Milk	.. ..	Informal	Deficient of 5.4% Solids-not-Fat and contained 6.5% added water..	
3040	Tuberculin Tested (Certified) Milk	.. ..	Bacterial	Deficient of 5.3% Fat	Reported to Chief Sanitary Inspector

TABLE C—continued

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
3041	Tuberculin Tested (Certified) Milk	Bacterial	Deficient of 7.7% Fat and 2% Solids-not-Fat	Reported to Chief Sanitary Inspector
3045	Tuberculin Tested Milk	Bacterial	Deficient of 14% Fat	do.
3086	Accredited Milk	Bacterial	Deficient of 23% Fat	do.
3087	Tuberculin Tested Milk	Bacterial	Deficient of 3% Fat	do.
3096	Tuberculin Tested Milk	Bacterial	Deficient of 16% Fat	do.
3099	Tuberculin Tested Milk	Bacterial	Deficient of 10% Fat	do.
2876	Milk	Informal	Deficient of 4% Fat	Methods of milking, including interval times, were investigated and the farmers advised on appropriate action to take to avoid future deficiencies
2878	Milk	Formal	Deficient of 11% Fat	Reported to Chief Sanitary Inspector
3212	Tuberculin Tested Milk	Bacterial	Deficient of 3% Fat and 2% Solids-not-Fat	do.
3215	Tuberculin Tested Milk	Bacterial	Deficient of 10% Fat and contained 4% added Water	do.
3222	Tuberculin Tested Milk	Bacterial	Deficient 4.6% Fat	do.
3240	Tuberculin Tested Milk	Bacterial	Deficient of 16% Fat	do.
3244	Tuberculin Tested Milk	Bacterial	Deficient of 8% Fat	do.
3255	Tuberculin Tested Milk	Bacterial	Deficient of 13% Fat	do.
3259	Tuberculin Tested Milk	Bacterial	Deficient of 23% Fat	do.
3270	Tuberculin Tested Milk	Bacterial	Deficient of 13% Fat	do.
3275	Accredited Milk	Bacterial	Deficient of 16.5% Fat	do.

TABLE C—continued

Sample No.	Article		Formal, Informal or Bacterial	Nature of Offence		Action taken
3327	Milk	..	Informal	Deficient of 10% Fat	..	Methods of milking, including interval times, were investigated, and the farmer advised on appropriate action to take to avoid future deficiencies
3336	Milk	..	Formal	Deficient of 6% Fat	..	
3351	Milk	..	Informal	Deficient of 7% Fat	..	
3352	Milk	..	Informal	Deficient of 13% Fat	..	
3354	Milk	..	Informal	Deficient of 20% Fat	..	
3355	Milk	..	Informal	Deficient of 20% Fat	..	
3356	Milk	..	Informal	Deficient of 13% Fat	..	
3363	Milk	..	Informal	Deficient of 13% Fat	..	
3364	Milk	..	Informal	Deficient of 16% Fat	..	
3365	Milk	..	Informal	Deficient of 3% Fat	..	
3368	Milk	..	Informal	Deficient of 6% Fat	..	
3369	Milk	..	Informal	Deficient of 10% Fat	..	
3370	Milk	..	Informal	Deficient of 16% Fat	..	
3378	Milk	..	Informal	Deficient of 10% Fat	..	
3383	Milk	..	Informal	Deficient of 6% Fat	..	
3384	Milk	..	Informal	Deficient of 10% Fat	..	
3673	Tuberculin Tested Milk	..	Bacterial	Deficient of 5% Fat	..	Reported to Chief Sanitary Inspector
3811	Tuberculin Tested Milk	..	Bacterial	Deficient of 1.9% Solids-not-Fat	..	
3826	Tuberculin Tested Milk	..	Bacterial	Deficient of 10% Fat	..	
3965	Milk	..	Formal	Deficient of 4% Solids-not-Fat, and contained approximately 2% of added water	..	

Follow-up of No. 4456 (Bacteriological). Inadequate draining of churns. Farmer cautioned

TABLE C—continued

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
4612	Pasteurised Milk ..	Bacterial	Deficient of 1.2% Solids-not-Fat. The Freezing Point confirms the presence of 1.5% added water	Reported to Chief Sanitary Inspector
4508	Milk ..	Formal	Deficient of 2.5% Solids-not-Fat. The Freezing Point confirms the presence of 1.3% added water	Follow-up of Bacteriological Milk No. 4612. (An Informal Sample No. 4509 was also taken on the 15th November, 1949, which was genuine)
4627	Pasteurised Milk ..	Bacterial	The Freezing Point confirms the presence of 3% added water	Informal Samples taken a few days later, Nos. 4532, 4541, and 4544
4532	Milk ..	Informal	Contained 0.9% added water	Plant investigation suggested and
4541	Milk ..	Informal	Deficient of 3.5% Solids-not-Fat	formal follow-up samples recommended, these were taken on the
4544	Milk ..	Informal	Deficient of 8.3% Solids-not-Fat and contained approximately 4.7% of added water	29th November, 1949, Nos. 4546, 4547 and 4548. (See below)
4546	Milk ..	Formal	Deficient of 9.9% Solids-not-Fat. The Freezing Point confirms the presence of 10.2% added water	Follow-up of No. 4544 taken on the 22nd November, 1949. Prosecution heard at Court on the 7th February, 1950. Fined £2 on each charge and ordered to pay £2 2s. 0d. costs
4547	Milk ..	Formal	Deficient of 1.6% Solids-not-Fat. The Freezing Point confirms the presence of approximately 2.2% of added water	

TABLE C—continued

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
4548	Milk	Formal	Deficient of 6.9% Solids-not-Fat, and 9.6% Fat. The Freezing Point confirms the presence of 5.1% of added water	Follow-up of No. 4544 taken on the 22nd November, 1949. Prosecution heard at Court on the 7th February, 1950. Fined £2 on each charge and ordered to pay £2 2s. 0d. costs Reported to Chief Sanitary Inspector
4069	Tuberculin Tested (Certified) Milk	Bacterial	Deficient of 10% Fat	do.
4670	Tuberculin Tested Milk ..	Bacterial	Deficient of 20% Fat, and 3.6% Solids-not-Fat. The Freezing Point indicates that no added water is present	
4568	Milk	Formal	Deficient of 5% Fat	Witness milking. Follow-up on earlier samples
4803	Milk	Formal	Deficient of 15.7% Fat	Sample of morning's milking witnessed. Follow-up on earlier sample Reported to Chief Sanitary Inspector
4732	Tuberculin Tested Milk ..	Bacterial	Deficient of 16.7% Fat. The Freezing Point indicates no added water is present	
2051	Milk	Formal	Contained 6% of added water	Repeats from individual churns, re Sample No. 3215 taken on the 4th May, 1949. (Bacteriological)
2053	Milk	Formal	Contained 4% of added water	
3830	Tuberculin Tested Milk ..	Bacterial	Deficient of 1.4% Solids-not-Fat ..	Reported to Chief Sanitary Inspector

TABLE C—continued

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
3904	Milk	Informal	Deficient of 6% Fat	Methods of Milking, including interval times, were investigated and the farmer advised of appropriate action to take to avoid further deficiency
4347	Milk	Formal	Deficient of 13% Fat, and 6% Solids-not-Fat. Contained 2% of added water	Another Formal Sample was taken on the 31st August, 1949, No. 4357
4085	Tuberculin Tested Milk ..	Bacterial	Deficient of 3.8% Solids-not-Fat. The Freezing Point and low Ash content suggests the presence of one or two per cent. added water	Reported to Chief Sanitary Inspector
4357	Milk	Formal	Deficient of 2% Solids-not-Fat ..	Follow-up of No. 4347 taken on the 25th August, 1949
4098	Tuberculin Tested Milk ..	Bacterial	Deficient of 3.9% Solids-not-Fat ..	Reported to Chief Sanitary Inspector
4368	Milk	Informal	Deficient of 3.5% Solids-not-Fat and contained 4% added water ..	Followed by a Formal Sample which was genuine
4390	Milk	Informal	Milk infected with organisms causing a "Ropy" condition	Reported immediately to the Dairy concerned
4456	Tuberculin Tested Milk ..	Bacterial	Deficient of 1.4% Solids-not-Fat. The Freezing Point confirms the presence of 0.5% added water ..	Reported to Chief Sanitary Inspector
4666	Tuberculin Tested Milk ..	Bacterial	Deficient of 18% Fat	do.
4668	Tuberculin Tested Milk ..	Bacterial	Deficient of 2.6% Solids-not-Fat. The Freezing Point indicates no added water is present ..	do.

TABLE D. Food and Drug Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S.71	Bread ..	Private	Bread infested with a cockroach ..	Sanitary Inspector asked to inspect Bakery and advise
S.80	Bread ..	Private	Bread contaminated with iron oxide	Report to Medical Officer of Health
S.70	Cooking Fat ..	Private	Emulsified oil containing over 83% water ..	Referred the matter to the Ministry of Food, and meanwhile suspended the material from further sale by retail
2211	"Cookex" ..	Informal	Emulsion containing 16.8% oil, half being unsaponifiable, and over 80% water ..	Referred the matter to the Ministry of Food, and meanwhile suspended the material from further sale by retail
2535	"Cupkaff" Coffee ..	Informal	Dry coffee extract. It was described as 100% pure coffee, whereas really it was a dry extract of coffee	Wrote to manufacturer and Ministry of Food re the inaccuracy of the labelling
2576	Sausage ..	Formal	Deficient of 14% meat ..	Referred to local Food Control Committee
2838	Pork Sausage ..	Formal	Preservative undeclared ..	Vendor was interviewed on the 26th April, 1949, by Public Analyst and Chief Sanitary Inspector, and agreed to put notices in shop windows
4511	Beef Sausage ..	Formal	Contained 98.5 p.p.m. sulphur dioxide. Preservative undeclared ..	Letter of caution sent to vendor on the 20th December, 1949

TABLE D—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
4513	Beef Sausage ..	Formal	Deficient of at least 14.8% of the required amount of meat	Reported to the Ministry of Food (Local Executive Committee)
4514	Beef Sausage ..	Formal	Deficient of at least 16% of the required minimum amount of meat	Reported to the Ministry of Food (Local Executive Committee)
3468	Beef Sausage ..	Formal	Deficient of 21% meat content ..	Details were communicated to local Ministry of Food Executive Committee with a view to their taking necessary action
S.73	Chocolate Wafer ..	Private	Extortionate price, equivalent to 8s. 2d. per lb. ..	Referred to Local Food Control Committee
S.75	Chocolate Wafer ..	Private	Extortionate price, equivalent to 8s. 2d. per lb. ..	Referred to Local Food Control Committee
2279	Hydrogen Peroxide ..	Informal	Deficient of about 40% of the declared amount of available oxygen ..	Rest of stock withdrawn from sale.
2245	X's Baby Cereal ..	Informal	Deficient of 24% of the declared amount of protein ..	Vendor cautioned
2825	X's Baby Cereal ..	Informal	Deficient of 17.5% of the declared amount of protein ..	Further sample taken, No. 2825
4362	X's Baby Cereal ..	Informal	Deficient of 27.9% of the declared amount of protein ..	Formal sample taken, No. 2827
4366	X's Baby Cereal ..	Informal	Deficient of 28.6% of the declared amount of protein ..	Formal sample taken on the 5th September, 1949 (No. 4367)
				Formal sample taken on the 5th September, 1949 (No. 4367)

TABLE D—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2827	X's Baby Cereal	Formal	Deficient of 26% of the declared amount of protein	Wrote to manufacturer and stock withdrawn from sale, 23rd April, 1949
4367	X's Baby Cereal	Formal	Deficient of 28.8% of the declared amount of protein	Prosecution authorised 23rd September, 1949, subject to advice of Town Clerk
3958	X's Baby Cereal	Formal	Deficient of 30% of the declared amount of protein	Prosecution pending (later withdrawn)
3970	Sweetened Cake Flour Mixture	Informal	Infested with grubs and excrement..	Supply confiscated
3971	Sweetened Cake Mixture ..	Informal	Deficient of about 18% sugar ..	Formal sample taken on the 16th November, 1949 (No. 4512)
4512	Sweetened Cake Mixture ..	Formal	Deficient of about 14% of the required amount of sugar ..	Follow-up on No. 3971 Informal taken on the 2nd November, 1949. Rest of the stock was surrendered and destroyed
4660	Cheese	Informal	Cheese "not of the nature demanded." Contained crystals of Sodium Phosphate	Reported to the Ministry of Food on the 29th November, 1949
S.96	Marmalade	Private	Insufficient labelling	Wrote to Ministry of Food, 23rd November, 1949. Informal sample taken on the 25th November, 1949
4545	Marmalade	Informal	Genuine marmalade insufficiently labelled	Follow-up of No. S.96. Ministry advised. Ministry communicated with the manufacturers

TABLE D—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
4570	Oatmeal ..	Informal	Oatmeal turned rancid with age ..	Reported to Chief Sanitary Inspector on the 13th December, 1949
2040	Oysters ..	Informal	40% clean ..	Further sample taken
S.99	Y's Porridge Oats ..	Private	Genuine oats labelled in a misleading manner ..	Wrote to firm on the 29th of December, 1949
3435	Gelatine ..	Informal	Containing excess copper contamination (60 p.p.m.) ..	Formal sample taken on the 4th July, 1949 (No. 3486)
3486	Gelatine ..	Formal	Containing excess copper contamination (63 p.p.m.) ..	Vendor wrote to manufacturers, supply withdrawn from sale
S.86	American Cream Soda ..	Private	Infected with Bacteria ..	Further sample taken from manufacturers (No. M.337). Withdrawn from sale
4353	Mild Beer ..	Informal	Mild beer of suspiciously low gravity	Brewery and Retailer to be given strong caution. Formal sample taken 6th September, 1949 (No. 4370)
4370	Mild Beer ..	Formal	Mild beer of suspiciously low gravity	Brewery and Retailer to be given strong caution
S.90	Ice Cream ..	Private	Incorrectly labelled ..	Reported to Ministry of Food and wrote to vendor direct
3986	Tincture of Iodine ..	Informal	Deficient of 40% of the required amount of potassium iodide ..	Wrote to vendor on the 9th November, 1949, asking them to revise their stock. A Formal sample was taken on the 13th December, 1949 (No. 4801) and proved satisfactory

TABLE E
Results of Bacteriological Examinations of Milk, 1949

Grade	Total No. examined	Passed as satis- factory	No. which failed Me. Blue Test	B. Coli too numerous	More than 2.3 L.B.U.	% Satisfactory		
						1947	1948	1949
Tuberculin Tested (Certified)	38	31	2	6	—	81.6	76.7	81.6
Tuberculin Tested	656	485	105	126	—	75.2	75.0	74.0
Test Void	2							
Tuberculin Tested (Pasteurised)	24	22	—	—	—	100.0	95.7	91.8
Test Void	2							
Accredited	71	57	2	12	—	74.7	51.0	80.3
Test Void	1							
Pasteurised	266	243	4	—	—	100.0	88.6	91.4
Test Void	19							
School Milk (Pasteurised)	72	59	2	—	—	100.0	86.6	82.0
Test Void	11							
Sterilised	13	13	—	—	—	—	—	100.0
Total	1,140	910	115	144	—	86.8	78.1	79.8
Total Test Void	35							

Note.—From 1st October, 1949, the Coliform Test was discontinued

TABLE F. Swimming Bath Waters Examined during 1949

Bath	No. examined	No. having satisfactory bacteriological quality	B. Coli too numerous or total count more than 1,000 per ml.	No. in which chlorine dose was too high	% passed as bacteriologically satisfactory
Cossington Street	5	5	—	—	100
Aylestone	6	6	—	—	100
Spence Street	3	3	—	—	100
Vestry Street	17	17	—	—	100
Wyggeston Boys' School ..	2	2	—	—	100
St. Mary's School, Haddenham Rd.	1	—	1	—	Nil
Total (Corporation Baths) ..	34	33	1	—	97.1
Kenwood Pool	7	7	—	—	100
Humberstone Lido	18	17	1	—	94.4
Total (all Baths)	59	57	2	—	96.6

TABLE G. Fertilizers and Feeding Stuffs Analysed under the Fertilizers and Feeding Stuffs Act during 1949

Sample	Number Examined	Number Satisfactory	Number Unsatisfactory		
			Composition Incorrect	Statutory Declaration Defective	Total Unsatisfactory
Balancer Meal	3	3	—	—	—
Fertosan	1	1	—	—	—
Superphosphate	1	1	—	—	—
Compound Fertilizers ..	2	1	—	1	1
National Growmore ..	2	1	—	1	1
Sulphate of Ammonia ..	6	1	—	5	5
Total ..	15	8	—	7	7

TABLE H. Miscellaneous Samples examined for various Corporation Committees

Health Department			Public Cleansing Department		
Sulphur Cylinders ..	24		Water (Chemical) ..	1	
Rain Waters ..	12			-	1
Deposit ..	1				
	—	37	City Fire Brigade		
Waters—Chemical :			Ciné Films ..	3	
City Supply ..	2		Oils ..	5	
Pump Water ..	2			-	8
Well Water ..	1				
Brook Water ..	12		Markets Department		
River Water ..	2		Paint ..	2	
	—	19		-	2
Waters—Bacteriological :					
City Supply ..	247		Education Department		
Well Water ..	1		Sweeping Powders ..	3	
Pump Water ..	1			-	3
City Supply (Hot Water)	3				
Brook Water ..	7		City Police		
	—	259	Petrol ..	34	
Prescription ..	1		Filtering Device..	1	
Inf. Seneg. Conc.	1		Urine ..	1	
Breast Milk ..	1			—	36
Grit ..	2				
Bath Waters ..	81		Soap Samples for Annual		
Potatoes ..	1		Contract ..	41	
Ice Cream ..	1			—	41
Apple Butter ..	2				
Potted Meat ..	1		Water Department		
Petrol ..	2		Waters (Chemical) ..	373	
Meal Samples ..	7		Waters (Bacterial) ..	226	
Dried Milk ..	3		Waters (Biological) ..	46	
Leakage Water ..	1		Deposit ..	14	
Meat Samples ..	44		Clay ..	2	
Milks (Phosphatase)	1,245		Mud ..	1	
	—		Sand ..	6	
	1,708		Copper Pipe ..	2	
			Anti-Splash Device ..	1	
				—	671
Weights and Measures Department					
Tomato Paste ..	1				
	-	1			
City Architect's Department					
Water (Chemical) ..	1				
Water (Bacterial) ..	1		Total ..	2,473	
	-	2			

TABLE I
Miscellaneous Samples examined from other sources
(other than those from Corporation Departments)

Article	No.	Article	No.
Antipasto	2	Meat	1
Arrowroot.. .. .	2	Milk	6
Acid	1	Orange Squash	3
American Soda	1	Oatmeal	6
Beer	18	Pastry	1
Brewed Tea	3	Paraffin	1
Bacon Rashers	1	Pomplin	2
Bottled Mussels	1	Phosphate.. .. .	2
Breast Milk	3	Sewage	6
Cod Liver Oil	2	Soap	2
Cake	21	Stewed Hare	1
Cheese	2	Soap Powder	1
Cellar Water	3	Sausage	7
Cooking Fat	1	Self-Raising Flour	1
Coffee	4	Sweets	1
Crab	1	Soft Drinks	3
Concrete	1	Syrup	1
Chloramine T.	1	Sugar	1
Cake Flour	1	Trufood	1
Dried Blood	2	Urine	4
Egg Shell	1	Water (Chemical)	41
Formaldehyde	1	Water (Bacterial)	12
Fabric	1	White Powder	1
Gin	2		
Lemonade.. .. .	8	Total	190
Linctus Codeinae	1		

TABLE J. Samples submitted by members of the Public

Article	No.	Article	No.
American Soda	1	Ice Cream.. .. .	1
American Tea	1	Lard	1
Bread	2	Marmalade	2
Butter	1	Potted Beef	1
Bun Flour.. .. .	1	Porridge Oats	1
Chocolate Wafers	2	Sweetened Cooking Fat	1
Cake	2	Sweets	2
Cider	1	Sugar	1
Dinner	1	Salami Sausages	1
Fat Compound	1	Vinegar	1
Figs	1	Whisky	2
Grapes	1	Christmas Pudding	1
Grapefruit	1		
Ice Cream Carton	1	Total	32

TABLE L
Samples of Milk examined by the Phosphatase Test, 1949

	Dairy	Number Examined	No. giving less than 2.3 Blue Units : Efficient Pasteurisation	% of Total Satisfactory 1949	% Satisfactory in previous years		
					1948	1947	1946
1	..	247	247	100.0	99.2	100.0	100.0
2	..	251	250	99.6	98.8	99.6	100.0
3	..	249	249	100.0	99.2	100.0	99.5
4	..	251	251	100.0	96.8	98.7	99.4
8	..	247	246	99.6	100.0	100.0	100.0
7	..	—	—	—	100.0	100.0	98.6
Miscellaneous (mainly samples submitted for Bacteriological Tests)	..	164	164	100.0	100.0	99.5	96.95
Total	..	1,409	1,407	99.9	99.0	99.8	99.1

TABLE K
Summary of Samples examined by Bacteriological Methods
during 1949

Milk	1,072
Pasteurised Milk supplied to Schools	72
Reservoir and other Waters (for Water Committee)	226
Waters (for Health Committee)	259
Swimming Bath Waters	81
Miscellaneous Waters	12
Shellfish	24
Total	1,746

TABLE M
B. Coll Content of Reservoir Water, 1949

Reservoir	No. of Samples	B. Coli Absent	Probable No. of B. Coli per 100 mls.			
			0—2	3—10	11—25	More than 25
Swithland						
Raw Water ..	6	—	—	—	—	6
Filtered Water	24	3	3	4	1	13
Chloraminated Water ..	18	18	—	—	—	—
Cropston						
Raw Water ..	—	—	—	—	—	—
Filtered Water	17	5	1	3	2	6
Chloraminated Water ..	17	17	—	—	—	—
Thornton						
Raw Water ..	4	—	—	—	1	3
Filtered Water	26	—	—	2	7	17
Chloraminated Water ..	26	25	—	—	1	—
Derwent ..	5	5	—	—	—	—
City Supply .. (from mains)	82	80	2	—	—	—

TABLE N

Ice Cream Samples examined during 1949 (Total 217)

				Fat %	Total Solids %
Highest	..	..	..	23.8	57.9
Lowest	..	..	..	0.3	14.9
Average	..	..	..	7.6	31.2

Fat Content

				No. of Samples	% of Samples
Below 2.5%	..	..	..	6	2.8
Between 2.5% and 5%	..	..	..	45	20.7
Between 5.0% and 10.0%	..	..	..	121	55.8
Over 10%	..	..	..	45	20.7

TABLE O

Atmospheric Pollution

Lead Peroxide Method for SO₂ Average Monthly Figures for 1949Results expressed in mgms. of SO₂ per 100 sq. cm. per day

Month	Station	
	Westcotes	Grey Friars
January	1.965	4.256
February	1.958	4.224
March	1.874	3.331
April	1.084	1.933
May	Experiment void	1.634
June	0.53	0.99
July	0.512	1.145
August	0.392	1.145
September	0.583	1.485
October	1.34	2.77
November	2.26	4.49
December	1.36	3.82

TABLE P. Atmospheric Pollution

Figures obtained from Standard Deposit Gauge, 1942-1949

Site of Gauge : Town Hall Roof, Leicester

Year	Average Monthly Rainfall, inches	Average deposit in tons per square mile per month					
		Insoluble Deposit				Soluble Deposit	Total Deposit
		Tar	Soot	Ash	Total		
1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47
1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58
1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51
1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73
1946	2.728	0.33	3.57	11.81	15.71	6.66	22.37
1947	1.80	0.251	2.94	9.06	12.27	5.75	18.02
1948	2.19	0.19	4.96	9.13	14.28	5.46	19.8
1949	1.92	0.26	4.89	9.94	15.07	5.91	20.49
Aver. for eight yrs.	2.037	0.203	3.93	12.92	17.06	6.24	23.25

TABLE Q. Samples of Petrol analysed during 1949

Sample No.	Report	Action Taken
M.212	Consists of, or contains, Commercial Petrol ..	Fined £15 and £10 10s. 0d. costs
225	Do.	No proceedings taken
226	Do.	do.
260	Do.	do.
263	Do.	do.
264	Do.	Forfeited half the value of car, amounting to £316 5s. 0d. and fined £75 and £10 10s. 0d. costs. Car licence suspended for 12 months
280	Do.	Fined £100 and £10 10s. 0d. costs. Car and Driving licences suspended for 12 months
281	Do.	Sentenced to one month's imprisonment. Motor Cycle and Driving licences suspended for 12 months
284	Do.	No proceedings taken
286	Do.	do.
288, 289, 290, 291, 292	Do.	Fined £100 and £25 costs
321, 322, 323, 324, 325, 326, 327, 328, 329, 330	Do.	Prosecution 23rd August, 1949. For acquiring, £250 fine and £20 costs. For removing colour from the petrol, £250 and £30 costs, and other minor offences, £36. Total, £586
364	Do.	No proceedings taken
390, 391, 392	Contained Kerosene in admixture ..	Prosecution 22nd November, 1949. Fined £15 on each sample, £26 5s. 0d. costs
393, 402, 403, 404, 405, 406	Genuine Sample of Motor Spirit ..	No action required
416, 417	Do.	do.
431	Contained, or consisted of, Commercial Petrol	No proceedings taken
	Do.	Proceedings instituted. Case dismissed.

Report on the Sanitary Inspection Department

for the year 1949

By

F. G. McHUGH, F.R.San.I., F.S.I.A.,
Chief Sanitary Inspector

STAFF

Sanitary Inspectors

Mr. J. W. North died in September, after a long illness.

During the 1914-18 war Mr. North served in Mesopotamia, where he contracted enteric fever and later severe heat stroke. I think his health has been impaired since 1918 by his war service. He did much pioneer work in the city twenty to twenty-five years ago in helping to raise the standard of sanitary equipment of our older houses.

Mr. T. Hines retired in July, completing $49\frac{1}{2}$ years in the service of the Corporation. He entered the department in 1899 and had considerable experience in dealing with outbreaks of smallpox in Leicester.

Mr. G. McFall resigned in October to take an appointment with Dumfriesshire C.C.

Mr. C. M. Holsgrove was appointed and took up his duties in January.

Mr. L. F. Bird was appointed and took up his duties in February.

Mr. C. Helsby, Mr. J. Hawkesley, Mr. E. M. Petch, Mr. A. Bevan, Mr. A. Stewart and Mr. W. B. Davies were appointed and took up their duties in June.

Mr. D. H. Francis, Mr. H. Forrest and Mr. C. W. Richards were appointed and took up their duties in July.

Mr. J. M. Anderson, Mr. H. Batteson, Mr. L. O. Cotterell and Mr. E. Edlington were appointed and took up their duties in August.

Mr. F. V. Dennis was appointed and took up his duties in November.

SYNOPSIS OF SANITARY INSPECTION WORK

An "inspection" is the first visit paid to premises.

A "re-inspection" is a visit made after notice has been given for the remedying of a defect.

	Inspections	Re-inspections	Total
Re Accumulations	145	44	189
Re Animals, Poultry, Swine, etc. ..	89	22	111
Ashpits and Ashbins	605	111	716
Bakehouses	97	16	113
Canal Boats	13	—	13
Cesspools	7	2	9
Closets—Water	720	215	935
Privies	—	—	—
Pails	6	—	6
Cold Stores	6	—	6
Common Lodging Houses—Day ..	5	—	5
Complaints Received	3,896	—	3,896
Complaints Confirmed	3,232	—	3,232
Re-visits	—	10,198	10,198
Cowsheds	19	55	74
Dairies	103	16	119
Dangerous Structures	44	12	56
Ditches and Watercourses	90	22	112
Drains—Inspected	1,209	830	2,039
Smoke Tests	329	28	357
Chemical Tests	5	—	5
Colour Tests	135	3	138
Entertainment Houses	5	3	8
Factories	298	100	398
Fish Frying Premises	85	66	151
Food Control	39	16	55
Food Examination	986	5	991
Food Manufacturing Premises ..	255	52	307
Food Vendors' Vehicles	39	—	39
Food Warehouses	254	58	312
Hotel and Restaurant Kitchens ..	259	66	325
Houses Let in Lodgings—Day ..	7	1	8
Houses re Contagious Disease ..	706	19	725
Specimens taken	1,079	—	1,079
Contagious Disease Contacts ..	279	28	307
Disinfection	132	1	133
Vermin	180	30	210
Overcrowding	246	19	265
Housing Acts	—	—	—
Section 9 (Repairs)—Houses ..	114	223	337
Other Buildings	1	1	2
Section 11 (Individual Unfit) Houses	34	22	56
Section 25 (Clearance Areas)—			
Special Visits	9,759	820	10,579
Carried forward	25,512	13,104	38,616

	Inspections	Re-inspections	Total
Brought forward ..	25,512	13,104	38,616
Ice Cream Premises ..	712	175	887
Markets—Retail Fish ..	248	1	249
Retail Provision ..	194	—	194
Wholesale Fish and Fruit ..	567	—	567
Meeting with Owner or Tradesman ..	2,278	71	2,349
Merchandise Marks Act ..	115	—	115
Milk Shops ..	34	—	34
Nursing Homes ..	1	—	1
Offensive Trade Premises ..	25	1	26
Outworkers ..	3	—	3
Piggeries ..	17	—	17
Schools ..	3	1	4
Sewers, etc. ..	—	—	—
Shops—Fish ..	80	3	83
Fruit ..	20	—	20
Meat ..	281	14	295
Other Food Shops ..	539	15	554
Shops Acts ..	393	67	460
Slaughterhouses—Private ..	53	2	55
Smoke Observations ..	76	—	76
Special Visits re Smoke ..	229	9	238
Special Visits ..	2,529	427	2,956
Stables ..	3	—	3
Street Gullies ..	4	—	4
Streets or Back Roads ..	3	—	3
Tips ..	2	—	2
Urinals—Private ..	17	3	20
Public ..	54	31	85
Van Dwellings ..	23	4	27
Wells ..	4	1	5
Yards and Courts ..	166	92	258
Grand Totals ..	34,185	14,021	48,206
Comparative figures for 1948	(27,247)	(15,149)	(42,396)
Notices—Served—Informal ..	..	..	2,194
Formal ..	..	..	34
Complied with—Informal ..	..	..	2,401*
Formal ..	..	..	30
*(Includes 1,647 notices served in previous years)			
Samples—Bacteriological ..	..	..	1,141
Fertiliser and Feeding Stuffs Act ..	..	..	15
Food and Drugs Act ..	..	..	1,001
Milk for T.B. ..	..	..	55

The matters dealt with in this Report are arranged, as far as possible, alphabetically.

CANAL BOATS

During the year very few boats docked in the city. Ten boats were inspected but no contraventions of the Act and Regulations were observed.

TABLE OF CESSPOOLS, PRIVIES AND PAIL CLOSETS IN CITY

	Cesspools	Pail Closets	Chemical Closets
Number remaining December, 1948	90	90	1
Number abolished during year 1949	11	12	—
Number remaining December, 1949	79	78	1

DISINFECTING AND DISINFESTING STATION

For some years the Mill Lane disinfecting station has been out of use as the refuse destructor adjoining is closed down and no steam is available to work the steam disinfector.

A temporary arrangement has been made for the department to use the steam disinfector at the Groby Road Isolation Hospital, but this is inconvenient at times.

The Public Cleansing Department wish us to move the steam disinfector from Mill Lane but so far we have not found suitable alternative premises.

A scheme was prepared for the adaptation of a building at the Cattle Market, but objections to the proposal were made by the Markets Committee. It is hoped that suitable premises may be found in the near future.

The proposed scheme includes a steam disinfector, a chamber for insecticide fumigation (Gammexane or D.D.T.) and a chamber for hydrogen cyanide fumigation.

DRAINS

Voluntary Cleansing of Stopped Drains by Health Department

Two hundred and sixty-four drains were attended to and of these 161 were unstopped immediately. In the remaining 103 cases the owners' attention had to be called to them.

IMPROVEMENTS TO HOUSES

							<i>No. of</i>
Separate internal water supply in place of taps in common							<i>Houses</i>
yards	..	..	..	..	..	..	14
Additional water closets							4

DISINFECTION

Houses or parts of houses disinfected .. 859
 Clothing and Bedding, etc., comprising.. 1,569 articles disinfected

DISINFESTATION

	<i>Council Houses</i>	<i>Other Houses</i>
Houses disinfested	400	923
Clothing and Bedding, etc., comprising 187 articles disinfested.		

ICE CREAM PREMISES REGISTERED

(Position at end of 1949)

For Manufacture, Storage and Sale				For Sale of Prepacked only	Total
Hot mix	..	..	24		
Cold mix	..	..	3		
Freezing only	..	..	4		
			—		
			31	309	340

Registration of Premises for the Manufacture of Ice Cream

A schedule of works required to be carried out is issued to applicants by the department and no difficulty has been experienced in getting our requirements fulfilled.

Registration of Premises for the Storage and Sale of Ice Cream

Practically all the applications received have been for the sale of prepacked ice cream—either in covered tubs or small wrapped blocks. The majority of the applications are from keepers of small shops who usually sell a large variety of commodities.

The Health Committee does not register such premises where there is a risk of contamination from the sale of other commodities, e.g., root vegetables, malodorous articles, e.g., firelighters, paraffin, dirty articles, e.g., unwrapped firewood or where dirty laundry is handled.

Washing Facilities

In all cases conveniently situated washing facilities with hot and cold running water (instantaneous water-heaters), together with soap and clean towels, are required before registration is approved.

Sixty-two persons were invited to appear before the Committee to show cause why they should not be refused registration ; 17 persons appeared.

Fresh proposals were submitted and accepted in four cases.

BACTERIOLOGICAL EXAMINATION OF SAMPLES OF ICE CREAM

For the purpose of bacteriological examination of samples of ice cream four grades are referred to :

Grade I indicates a satisfactory standard of cleanliness.

Grade IV is definitely unsatisfactory.

Grades II and III are intermediate.

Compared with results obtained last year there are just 100 per cent more samples placed in Grade I this year, and less than half the number placed in Grade IV.

Grade	Prepacked	Loose	Total	Percentage
1	164	57	221	66.7%
2	20	17	37	11.2%
3	19	21	40	12.1%
4	21	12	33	10.0%
	<hr/> 224	<hr/> 107	<hr/> 331	<hr/> 100%

Two hundred and two samples were taken from the premises of 12 large manufacturers in the city and the fat content of loose ice cream varied from 3 per cent. to 9.2 per cent., the average being 5 per cent.

The fat content of wrapped ice cream varied from 4 per cent. to 15 per cent., the average being over 8 per cent.

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI

Milk and Dairies (Consolidation) Act, 1915

Number of Samples of Milk taken for microscopical and biological examination for Tubercle Bacilli :

Year	1945	1946	1947	1948	1949
Number taken ..	35	36	18	24	55
Percentage containing Tubercle Bacilli	—	2.8	—	8.33	—

Details respecting samples taken

	Number of Samples taken	Number reported containing Tubercle Bacilli	Number reported negative	Number unsatis- factory although negative as regards Tubercle Bacilli
Cowkeepers with registered premi- ses within City boundaries ..	13	—	12	1
Cowkeepers with premises out- side City boundaries ..	42	—	40	2
Totals ..	55		52	3

OFFENSIVE TRADES

Particulars of all Offensive Trades in the City.

Number of Tripe Dressers	7
„ Marine Store Dealers	9

RENT RESTRICTIONS ACTS

Certificates Granted	6
------------------------------	---

SLAUGHTERHOUSES

Particulars of all Slaughterhouses in the City :

*Private Slaughterhouses	30
Licensed Private Slaughterhouses (includes two Knackers' Yards)	3
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	19
Corporation Slaughterhouses situated at City Hospitals :	
City Mental Hospital	1
City General Hospital	1
	—
Total Slaughterhouses	54
	—

*No slaughtering is being done in these slaughterhouses at present.

The “slaughtering rights” of a registered private slaughterhouse were surrendered by the owner to the Corporation under the provisions of the Leicester Corporation Act, 1897.

SUMMARY OF FOODSTUFFS CONDEMNED

	Tons	Cwt.	Qrs.	Lb.
Fish	21	3	1	24

Shell Fish

Crabs.. ..	—	4	—	1
Lobsters ..	—	1	1	10
Mussels ..	6	14	—	—
Other Shell Fish	1	—	1	2
Fruit	1	16	1	9

Meat

Cattle Market	231	3	3	23
Private Slaughter-houses	—	6	—	23
Retail Shops				
(Cooked Meats)	—	3	2	4
(Dog Meat)..	—	—	1	15
(Whale Meat)	—	—	2	24
Vegetables ..	8	3	1	16

Poultry, Game, etc.

Chickens and Fowls	31
Ducks	28
Hares	18
Partridges ..	1
Pheasants ..	1
Pigeons	4
Rabbits	576
Swans	1

Preserved Foods (tinned)

Fish	4,256 tins
Fruit	1,104 tins
Meat	1,504 tins
Milk	2,722 tins
Others (mostly vegetables)	13,831 tins

Other Foods, etc.

Bacon	190 $\frac{3}{4}$ lb.
Baking Powder	24 packets
Barley Kernels	3 packets
Beef Cubes ..	150
Beetroot	11 jars
Biscuits	32 lb.
Bread	161 loaves
Bread Rolls..	471
Cake	20 lb.
Cake Mixture	108 packets

Cereals	670 $\frac{1}{2}$ lb.
Cheese 6 tons, 13 cwt., 3 qr., 19 lb.	
Coffee	8 bottles
Cough Mixture ..	108 bottles
Cream (for Cake Filling)	14 lb.
Curry Powder ..	3 jars
Custard Powder ..	288 packets
Dessert Powder ..	39 packets
Fish (including Fish Paste)	7 jars
Flavouring Essence	1 bottle
Fruit	53 bottles
Fruit Juice	1 bottle
Gelatine	14 lb.
Gravy Browning ..	1 bottle
Gravy Mixture ..	3 packets
Haggis	5 lb.
Herbs	96 lb.
Honey	1 jar
Hors d'Oeuvres ..	20 jars
Ice Cream	41 tubs
Jam	18 jars
Jellies	30
Jelly Crystals ..	163 packets
Junket	1 packet
Lemonade Powder..	17 lb.
Macaroni	122 packets
Margarine	56 lb.
Meat Paste	13 $\frac{1}{2}$ lb.
Meat Pies	92
Mineral Waters and Cordials	39 bottles
Mushrooms	32 lb.
Olives	2 jars
Pastry Mixture ..	792 packets
Pickles	763 jars
Pikelets	1,951
Potato Crisps ..	120 packets
Pudding Mixture ..	194 packets
Rice	120 $\frac{1}{2}$ lb.
Sago.. ..	3 lb.
Salad Dressing ..	764 bottles
Salt	9 packets
Sandwich Spread ..	234 jars
Sauce	498 bottles
Sausage	1,122 $\frac{1}{2}$ lb.
Semolina	9 packets
Soup	1 bottle
Soup Powder	3 packets

Summary of Foodstuffs Condemned (cont.)

Spaghetti	28 lb.	Tapioca	15 cwts.
Sponge Mixture	94 packets	Tea	74 lb.
Stuffing	1 packet	Tomatoes	5 bottles
Sugar	61 lb.	Vinegar	5 bottles
Sweets	33 lb.	Walnuts (Pickled) ..	289 jars

INSPECTION OF DAIRY COWS

Summary of reports received from local office of Ministry of Agriculture :

“Accredited Herds

There are three producers holding accredited licences and one hundred and sixty-five animals were clinically examined. Milk samples were taken from two cows with indurated udders. These proved negative for tuberculosis on microscopical examination.

The Milk and Dairies Order, 1926—Non-designated Herds

There are four herds producing milk in the Borough. Ninety-two animals were clinically examined. One of these was found to be suffering from induration of the udder. A sample of milk taken and examined microscopically proved negative for tuberculosis.

Milk (Special Designations) Regulations, 1936 to 1946

There are no producers in the City holding tuberculin tested licences but two herds were on the Attested Register of the Ministry of Agriculture, viz. :

The Leicester Frith Institution Farm ;

The Leicester Mental Hospital Farm.”

MILK AND DAIRIES

Under the provisions of the Food and Drugs (Milk and Dairies) Act, 1944, which came into operation on the 1st October of this year, new Regulations and Orders have been made by the Minister of Health, Minister of Agriculture and Fisheries, and Minister of Food, dealing with the licensing and registering of persons engaged in the distribution and sale of milk.

The supervision of milk production on the farms has become the responsibility of the Minister of Agriculture and Fisheries, and local authorities and Food and Drug authorities retain the duty of controlling the distribution and sale of milk in their districts.

Every purveyor of graded milk, whether by wholesale or retail, must now apply for a licence for each particular grade of milk sold by him according to its special designation, and these licences are granted annually.

Milk Traders—Licensing and Registration

		Number
Milk and Dairies Order, 1926	Application for registration of persons as "dairymen"	6
Milk (Special Designations) Order, 1936	Application from cowkeepers to use designation "Accredited"	3

Food and Drugs Act, 1938

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS

1945	1946	1947	1948	1949
653	764	769	943	1,001

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926 15

Milk (Special Designations) Order, 1936

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION

1945	1946	1947	1948	1949
811	837	933	1,214	1,141

ADMINISTRATIVE ACTION REGARDING SAMPLES NOT REPORTED TO BE 'GENUINE'

(For details of analysis, see Report of the Public Analyst, page 91)

MILK SAMPLES REPORTED 'NOT GENUINE'

					Formal	Informal
Milk	..	..	..	..	45	9

SAMPLES OTHER THAN MILK REPORTED 'NOT GENUINE'

					Formal	Informal
American Cream Soda	..	..			—	1 (Private)
Bread	..	..	..	..	—	2 (Private)
Cheese	..	..	..	..	—	1
Chocolate Wafers	..	..	..	..	—	2 (Private)
Coffee	..	..	..	..	—	1
Cookex	..	..	..	..	—	1
Fat Compound	..	..	..	..	—	1 (1 Private)
Gelatine	..	..	..	..	1	1
Ice Cream	..	..	..	..	—	1 (Private)
Marmalade	..	..	..	..	—	2 (Private)
Mild Beer	..	..	..	..	1	1
Oysters	..	..	..	..	—	1
Oatmeal	..	..	..	..	—	1
Porridge Oats	..	..	..	..	—	1 (Private)
Scott's Baby Cereal	..	..	..	..	3	4
Sausage	..	..	..	..	1	—
Sausage (Beef)	..	..	..	..	4	—
Sausage (Pork)	..	..	..	..	1	—
Sweetened Cake Flour	..	..	..	..	1	2
Hydrogen Peroxide	..	..	..	..	—	1
Tincture of Iodine	..	..	..	..	—	1
Compound Fertiliser	..	..	..	..	—	1
National Growmore	..	..	..	..	—	1
Sulphate of Ammonia	..	..	..	..	—	5

In all cases where proceedings were not taken, written cautions were sent or "follow-up" samples were immediately obtained.

LEGAL PROCEEDINGS

Acts, Bye-laws or Regulations under which proceedings were instituted	Default or Offence	Fines £ s. d.	Costs £ s. d.
Food and Drugs Act, 1938	(a) Unsound food being deposited for sale on café premises :	(1) 80 0 0 (4 counts)	—
	7 pieces of meat comprising 5 hams, 1 kidney and 4 lbs. bacon ;		
	1 pheasant ; 6 lb. dates ; 4 lb. figs	(2) 20 0 0 (4 counts)	—
	2 pieces meat comprising 2 hams ; 16 × 10 oz. jars Pickles ; 8 × 1 lb. 13 oz. tins Damsons ; 6 × 6 × 3 lb. packets Flour ; 6 × 1 lb. jars Jam ; 4 lb. Prunes ; 100 Eggs (b) Café premises and equipment found in a filthy condition and premises infested with mice Proceedings taken in collaboration with Food Control Department Café proprietor sentenced to	3 months' imprisonment	
Statutory Instruments No. 1509, 1948	Meat Paste deficient of 53% of required minimum amount of meat	20 0 0	—
Food and Drugs Act, 1938, Section 9	Meat coloured "green" being deposited on premises for the purpose of sale for human consumption	(1) 40 0 0 (4 counts)	—
	Proceedings taken in collaboration with the Food Control Department	(2) 8 0 0 (4 counts)	—
Livestock Restriction Order		(1) 10 0 0	—
		(2) 2 0 0	—
Control of Rabbit Prices Order		(1) 5 0 0	—
		(2) 1 0 0	—

F. G. McHUGH, F.R.San.I., F.S.I.A., *Chief Sanitary Inspector*

TABLE A. Total Weights of Meat Condemned. 1949

	British Meat			Imported Meat			British Offal			Imported Offal			Totals		
	T.	C.	Qr. Lb.	T.	C.	Qr. Lb.	T.	C.	Qr. Lb.	T.	C.	Qr. Lb.	T.	C.	Qr. Lb.
Ministry of Food Central Slaughterhouses	130	14	1 24	3	16	2 27	100	9	1 27	0	1	1 17	235	2	0 11
Private Slaughterhouses	0	1	0 13	0	0	0 0	0	5	0 10	0	0	0 0	0	6	0 23
Totals ..	130	15	2 9	3	16	2 27	100	14	2 9	0	1	1 17	235	8	1 6

TABLE B. Weight of Carcases, Parts and Offals of Animals affected with Tuberculosis and Other Diseases

	Tuberculosis						Other Diseases						Totals		
	Carcases			Parts			Carcases			Parts			Offals		
	T.	C.	Qr. lb.	T.	C.	Qr. lb.	T.	C.	Qr. lb.	T.	C.	Qr. lb.	T.	C.	Qr. lb.
Bulls ..	1	0	0 21	1	3	0 9	1	8	3 5	0	4	3 5	0	6	1 18
Bullocks ..	2	7	1 6	7	11	1 23	12	4	2 21	1	1	1 6	4	3	2 2
Heifers ..	6	8	2 15	4	2	1 23	6	14	1 0	1	6	3 15	3	18	2 5
Cows ..	50	7	0 26	18	9	1 12	43	5	0 8	9	7	3 17	16	12	1 16
Calves ..	0	3	3 24	0	0	0 0	0	0	3 25	2	5	1 18	0	1	2 9
Pigs ..	4	2	3 1	6	3	1 21	4	14	1 6	4	13	1 24	1	4	2 18
Sheep and Lambs ..	1	4	0 8	3	2	3 15	2	16	0 23	2	2	2 10	2	18	0 11
Totals ..	65	14	0 17	40	12	2 19	71	4	1 4	21	2	1 11	29	5	0 23
													231	3	3 23

TABLE C. Imported Meat Condemned. 1949

	Carcase		No. of	Parts		No. of	Offals		No. of	Tins		No. of	Totals	
	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.		T.	C.	Qr.	lb.	Items
Beef ..	0	0	0	0	0	18	3	13	37	0	3	3		
Lamb ..	0	0	1	9	1	0	0	1	5	2	0	2	14	1,197
Mutton ..	0	0	0	0	0	0	0	1	1	1	0	0	0	38
Pork ..	0	0	0	0	0	0	0	3	11	1	0	0	0	200
Veal ..	0	0	0	0	0	0	0	1	1	1	0	0	0	1
Totals ..	0	0	1	9	1	1	0	2	3	42	1	1	17	1,437

TABLE D. Number of Carcasses, Parts and Offals affected with Tuberculosis and Other Diseases

	Tuberculosis			Other Diseases			Totals
	Carcases'	Parts	Offals	Carcases	Parts	Offals	
Bulls ..	3	54	22	1	9	35	124
Bullocks ..	17	355	46	9	95	1,462	1,984
Heifers ..	30	173	194	8	70	577	1,052
Cows ..	209	841	1,115	45	153	1,792	4,155
Calves ..	5	0	0	153	0	901	1,059
Sheep and Lambs ..	3	1	0	104	720	2,036	2,864
Pigs ..	63	1,192	304	42	55	106	1,762
Totals ..	330	2,616	1,681	362	1,102	6,909	13,000

TABLE E. Total Number of Animals Slaughtered, 105,742, comprising : 1949

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs	Totals
Casualties	435 49	5,703 132	2,534 211	5,153 335	10,038 228	53,925 521	26,115 363	103,903 1,839
Totals	484	5,835	2,745	5,488	10,266	54,446	26,478	105,742

Percentage of all Animals Affected with Disease, 12.29%

TABLE F. Percentage of Animals Affected with Tuberculosis and Other Diseases

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis ..	16.32	7.16	14.46	39.44	0.04	.007	5.88
Other Diseases ..	9.29	26.83	23.86	36.26	10.26	5.25	0.76

TABLE G. Percentage of Whole Carcases rejected

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis ..	0.61	0.29	1.09	3.80	0.04	0.005	0.23
Other Diseases ..	0.20	0.15	0.29	0.81	1.49	0.19	0.15

TABLE H. Tabulated List of other defined Diseases and their incidence to Carcasses rejected : 1949

Disease	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs	Total
Decomposition ..	-	-	1	-	-	2	-	3
Acute Enteritis ..	-	-	-	2	1	1	1	5
Acute Fever ..	-	2	2	8	19	16	6	53
Dead Animals ..	-	-	-	2	2	15	7	26
Dropsy ..	1	2	1	9	23	34	6	76
Extensive Bruising ..	-	-	-	-	4	5	1	10
Blackwater ..	-	-	-	-	-	1	-	1
Gangrene ..	-	-	-	-	-	1	-	1
Johnes Disease ..	-	-	-	9	-	-	-	9
Jaundice ..	-	-	-	-	-	1	2	3
Bone Taint ..	-	-	-	-	-	1	-	1
Immature ..	-	-	-	-	75	-	-	75
Asphyxiation ..	-	-	-	-	-	-	1	1
Nephritis ..	-	-	-	2	3	-	1	6
Malignant Neoplasms ..	-	-	-	1	-	2	-	3
Emaciation ..	-	4	-	8	4	5	1	10
Septic Conditions ..	-	-	1	1	2	6	4	25
Septic Peritonitis ..	-	-	1	1	1	1	-	4
Septic Metritis ..	-	-	-	-	-	3	-	2
Septic Pneumonia ..	-	-	-	4	1	1	1	7
Septic Pericarditis ..	-	-	-	-	2	1	5	11
Joint Ill ..	-	-	-	-	1	-	-	2
Pneumonia ..	-	-	-	-	2	1	2	3
Myelitis ..	-	-	-	-	1	-	-	1
Pyæmia ..	-	1	1	-	4	-	2	8
Paturient Fever ..	-	-	-	-	-	2	-	2
Navel Ill ..	-	-	-	-	2	-	-	2
Peritonitis ..	-	-	-	-	1	1	-	2
Uraemia ..	-	-	1	1	2	1	-	5
Haemorrhage ..	-	-	-	-	-	1	-	1
Lymph ..	-	-	-	-	-	1	-	1
Erysipelas ..	-	-	-	-	-	-	3	3
Totals ..	1	9	8	48	150	103	43	362

TABLE 10

HOUSING STATISTICS

For year ended 31st December, 1949

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	7,031
(b) Number of inspections made for the purpose	8,075
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	1,838
(b) Number of inspections made for the purpose	2,340
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	2
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	2,557

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,003
---	-------

3.—Action under Statutory Powers.

A—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs	5
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	3
(b) By Local Authority in default of owners	—

B—Proceedings under Public Health Acts :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	28
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	22
(b) By Local Authority in default of owners	5

C—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling houses in respect of which Demolition Orders were made	1
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	—

D—Proceedings under Section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections and Re-Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	218	39	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,010	359	52	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority† (excluding out-workers' premises)	—	—	—	—
Total	2,228	398	58	—

†i.e., Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2.—Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	6	4	—	6	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	1	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) insufficient	5	4	—	6	—
(b) unsuitable or defective	50	58*	—	38	—
(c) not separate for sexes	3	1	—	4	—
Other offences against the Act (not including offences relating to Outwork)	—	—	2	—	—
Total	64	67	2	55	—

(*Includes 35 from previous year.)

PART VIII OF THE ACT
OUTWORK (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, Making, etc.	1,886	—	—	—	—	—
Umbrellas, etc. ..	18	—	—	—	—	—
Firework manufacture ..	1	—	—	—	—	—
Total ..	1,905	—	—	—	—	—

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PRINTED BY
THE BLACKFRIARS PRESS, LTD.,
SMITH-DORRIEN ROAD, LEICESTER